THE

Thruston Speech.*

ON THE

PROGRESS OF THE ART OF MEDICINE.

Delivered in the Chapel of Caius College, Cambridge,

BY

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By the invitation of the Master and Fellows of this house, and in accordance with its ancient custom, I have the honour to-day to address you on the progress of the Art of Medicine. Nor can I consider this a light duty, the mere accomplishment of an annual task or the fulfilment of an indifferent usage. To look back on the past in order to measure our goings is as much a condition of progress as to gather from the signs of the future the direction in which we shall move. In every department of knowledge it is a wholesome thing to reckon honestly with ourselves whether we have been loyal to our work and have carried forward the lamp of knowledge, or whether, in otiose counsels or in actual indifference, we have proved faithless to our charge. It is the pride of modern Medicine that she can look boldly at the past, and, conscious of her honour, can welcome her anniversaries with a good account of her stewardship.

We have much reason, indeed, to study the past as a means of wholesome and effectual progress. In human knowledge itself, as well as in the objects of our study, we see that growth consists, not in a mere translation of parts, nor in a mere addition of new kingdoms of phenomena, but that it consists rather in an unfolding of parts, in an evolution of the new from the old; so that the old is always contained in the new, and the new is never more than a revelation of that which was formerly hidden. To know with the knowledge of the day alone is therefore no more than the knowledge of the human anatomist who is ignorant of comparative anatomy and of embryology, who sits on the bough of the tree and knows nothing of the tree itself nor of the garden where it is planted. Such partial knowledge as this is but blind work after all. A sound and fruitful science cannot be reared upon the current ideas of any single generation, but must be rooted and grounded in the past, and must be fed with all its varied experience, so that it may take no accidental pattern, but may slowly grow up in unity with the whole scheme of nature. It is much to be desired that some conception of the development of scientific opinion were impressed upon our own generation. We might then hope to see men no longer reviving dead theories, nor running back upon paths which have led to nothing, but rather making an intelligent use of those methods only which have proved fruitful, and by which alone we shall attain to any permanent results.

Every year since the modern regeneration of our art and of the sciences upon which it is founded, we have seen our calling advance in true knowledge, and have seen it gain therefore a higher place in the business of the world. No longer a mere craft based in part upon superstitions and fears, and kept up in part by the artificial aids of routine, medicine is now the art of arts—the art which bends all the sciences to the cure or the relief of human suffering. It can never be forgotten that the true and only end of medicine is to diminish bodily suffering and bodily decay. If we lose sight of that prime purpose, we are profitless labourers, though we move mountains of ignorance, describe every minutest tissue in the body, and shed light upon every vibration of function. Nay, the minute study of human pain, without consciousness of any power to assuage, would be a horrible and even a degrading work, unworthy of my eulogy and of your attention. Is it true, then, as many, even many physicians, say, that while we are vastly increasing our knowledge of anatomy and physiology in health and disease, we are still as far as ever from the successful treatment of maladies; nay, that we are even farther from this than our fathers, who, by the bold use of some rough remedies, managed on occasion to strangle or defeat the ills with which they had to deal? Is it true that we are destroying any art of medicine by proving that means formerly used are no means, and that cures formerly recorded were no cures; while we at the same time offer no alternative treatment of our own, but rather learn to sit at the bedside as curious and helpless spectators? If it be granted that ancient modes of treatment were often injurious rather than helpful, then surely we are relieving our patients so far as we protect them at least from abuse. *Non parum est scire quod nescias.* But I am proud to say we can do more than this: and, did time serve me, I could display to you a vast array of therapeutical means, means discovered and directed by the modern spirit of thoroughness and accuracy, which, when surveyed at once, might not only confound the sceptic, but surprise even the practical physician. Much, however, remains to be done, and we must still anxiously ask ourselves whether we are working in the right way, and if our methods are fruitful.

As it is impossible for me in this place to enter into the detail necessary to show how much progress has been made in positive therapeutics, I shall rather set before you the main lines along which we seem to be moving, and the kind of success which seems to be before us, or even within our grasp. I shall show, first, that our theories of the nature of disease are undergoing a great change, a change which must wholly transform our notions of dealing with it; secondly, that the new study of pathology or morbid physiology, while revealing to us the modes of disease in the body, reveals likewise the ways in which we may meet or anticipate it; thirdly, that chemical inquiry is now finding its way into many of the remoter secrets of function, and is likely before long to establish some laws of molecular constitution, which will enable us to classify known remedies and to explain and calculate their actions. We may thus ultimately be enabled even to construct some sort of canon for the discovery and adaptation of remedies, an achievement which would at once raise medicine into the first rank of intellectual pursuits.

Let us consider what important theories have been held concerning the nature of disease, and what theory is now prevailing or likely to prevail.

It is a common assertion, thoughtlessly repeated even by those who know better, that what we need in medicine is practical knowledge rather than accurate theory; that medical reasoning may be very bad, but medical practice may be very good. That there is some truth in this antithesis I admit; but we little suspect how largely theory enters into the practice of all of us, and how largely our practice is based upon such theory, and modified by it for good or for evil. If this be so, then the rectification of our theories assumes an importance we scarcely suspect; and we shall do well to see which way we are looking in theory, if we wish to know what results we are attaining in practice. The late Master of Trinity says: "Art, as an empirical form or a technical practice, of some sort, is necessarily, in almost every case, anterior to the corresponding science"; and as man finds himself called from the earliest times to the succour of his afflicted fellows, so, as soon as he frees himself from mere idolatry and begins to think, he must make out some provisional principles upon which he himself acts and of which he can give some account to others. Medicine must profess to depend upon a knowledge of disease, and useful medicine must depend upon such knowledge being approximately true. Nothing could have been more promising than the earliest important attempt of this kind in the west. Hippocrates and the Greek school dealt with the question in the simple, clear-eyed manner so characteristic of that wonderful people.* The Hippocratic school believed that disease consisted in the exquisite combination of four humours. They did not hold the common coarse humoral pathology of which I shall presently speak; they did not contemplate the admixture of four liquids or juices, but rather the perfect balance and union of four "substances" or hypostases, and in the κρᾶσις† or δυσκρασία, of which disease was sup-

* It seemed scarcely necessary to republish this speech in full. Much of the illustrative matter is withdrawn, and other parts are shortened, with the effect, I fear, of a certain abruptness in many places, for which I must ask the reader's consideration.

* I may refer for further evidence on this subject to my essays on the Medicine of the Greeks in the "Med.-Chir. Review" for 1866, which I hope soon to continue.

† In this connexion κρᾶσις means combination, and is opposed to μῖξις, or admixture.

posed to consist. Without much confusion of thought, we may venture to compare this theory with the modern chemical doctrine of the four elements, hydrogen, oxygen, carbon, and nitrogen. This conception, at any rate, was clear in their minds—the conception of a perfectly harmonious combination of constituent elements, and not a mere intermingling of fluxes and juices.

When Greece fell, a great darkness gathered over medicine and over the kindred sciences; a darkness which did not lift until the commencement of our own century.

After Hippocrates came the Græco-Latin and the Latin schools; of whom the chief was Galen—*Galenus, medicorum post Hippocratem princeps, philosophus, grammaticus.* An elegant and very learned scholar, a writer also of great variety and prolixity, Galen had little of the clear-eyed, sober Hippocratean character; he was also *philosophus et grammaticus,** in which two words lies the secret of the mischief of which he was the innocent cause. He cast a cloud of transcendent idealism over the early Greek simplicity, and supplied a tradition to his successors which they followed but too readily. Loved not wisely but too well by the Latin and Arabian schools, Galen's works, like those of Aristotle, furnished but the groundwork of that scholastic method which was so barren of all good.† The writers of the commentatorial period (as it has been called by Whewell) were full of ingenuity and subtlety, of verbal inventions and connexions, and yet were wholly devoid even of the germs of real knowledge. As Dryden says of Aristotle—

> "The longest tyranny that ever swayed
> Was that wherein our ancestors betrayed
> Their freeborn reason to the Stagyrite,
> And made his torch a universal light."

This may be said as well of the blind worship of Galen. For the physicians of the lower empire a name and a formula were sufficient; to many after-generations the giving of names seemed enough to establish distinct existences; and to decide upon the definition of a thing seemed to be equivalent to determining its nature and characteristics. Ἀτέλη σοφίαι κάρπον βρέποντες, reaping what was indeed the barren fruit of sophistry, their labours seemed to have no benefit whatever for the human race.

> "Sic observatio crevit
> Ex atavis quondam male cæpta; deinde secutis
> Tradita temporibus, serisque nepotibus aucta."

During these centuries a coarse humoral pathology gained great way, and it is still, as Virchow says,‡ the pathology to which we all cling in our hearts. It is the pathology of the nursery, the pathology of the drawing-room, and the pathology of the Church. It is the pathology of many oriental nations, and it is the pathology of the Jews. "The life of the body is in the blood," says Moses; and all diseases are therefore to be referred to impurities in the blood. Thus embodied in the Bible and in the Church, and passing, on the other hand, by way of Galen and Celsus, into classical literature—which two streams joined during the middle ages into one,—it is no matter for surprise that we find enormous difficulty in uprooting it now. *Acridities—acrimonia morbi* poisoning the blood—are warred against, expelled, or eliminated, as being the disease itself. By the side of this humoral school, again, there has been a strong spiritualistic pathology, also oriental, and which now is the pathology of the Chinese and Arabians. In this pathology, of which the breath of life is the key-note—the infused breath which informs the dead clay,—life is said to be due to indwelling spirits, or creative essences, and diseases therefore to devilish agencies or malignant exhalations. Now, what does modern pathology say to this? Modern pathology has to answer that disease is no real existence or separable entity, to be studied apart from the body—that it is not an evil spirit, a chemical substance, a humour or poison in the blood,§ nor even a parasitic fungus; but that it is the living body itself in a peculiar state. We regard disease simply as a mode of life, as a process or a series of phenomena, which differ only in rate or in order from the healthy series. Modern pathology tells us that, when we have to treat disease, we have not to neutralise or eliminate humours, nor to expel evil spirits, but to disencumber, as far as we can, that regulating power which the body by nature has to so wonderful a degree. Like all systems of force, the human body, when disturbed, tends to recover equilibrium, and it is for modern medicine to show how this tendency may be detected and set free to act without hindrance. The modern physician—*minister, non magister naturæ*—says: "The body and its functions are thrown off equilibrium, and it is not for me to expel or counteract this or the other, but to put the body in such a position that it may most quickly recover its own balance." Need I stay to point out, by such instances as the modern way of regarding inflammation, how far this is not only a revolution in theory, but equally a revolution in practice?

My second postulate is, that the rapid advance of physiology, normal and morbid, aids us very greatly in this reform. Take for example the case of valvular disease of the heart. Hypertrophy of the left ventricle in aortic disease and of the right ventricle in mitral disease is now no longer feared, but rather welcomed, by the physician, who has learned that these hypertrophies are compensatory, and tend to the restoration of equilibrium. An instance equally remarkable, but taken from a different set of events, is seen in the recognition of fever as a loss of equilibrium in the sense of molecular disintegration—a process which we measure by the correlative disturbance of temperature, or by analysis of the excretions. The modern physician, who is no longer bent upon the elimination of morbid poisons from the blood, will no longer treat scarlet fever, let us say, by promoting the action of the skin* and calling upon the evil in the shape of the rash, but he will deliberately prop up the equilibrium mobile on the side to which it leans, and, by the vigorous and repeated application of cold water, he will help the regulating action of the system which is unequal to the disturbance. In other cases the application of the principle of restoring balance may be a matter of hesitation, although the principle itself remains unchanged. In disease of the kidney, for example, it may be a matter for serious consideration whether, in a given case, we shall endeavour to set up an artificial balance by drawing off the urinary products by other channels, or whether we shall attempt to restore the natural balance by a judicious use of diuretics. It were endless to multiply examples like these; for, if the new principle be a right principle, we shall find its application everywhere. I will take one more instance from the nervous system. Although in a complex animal like man the origin of many disorders may lie without the nervous system, yet no disorder can be independent of this system, which in man is all-pervading and intimately engaged in every function. It seems that the nervous system is, to a great extent at least, the expression of the regulating power of the body; and that by means of it alone can regulation be sustained in so complex a system.† By strong impressions upon the nervous system, then, we may largely influence the balance of function, setting up disturbance in the healthy body, or counterbalancing disturbance in the morbid body. Upon this principle the modern physician applies those blisters, for example, or other local means which were used by our predecessors, also on theoretical grounds, but on grounds which are now seen to be indefensible.

It is most important for us, therefore, to learn the directions in which lie the lines of disturbance in the nervous system. The strange results which Brown-Séquard has obtained by cutting the sciatic nerve, and the apparent reciprocation between this nerve and the trigeminal, not in the matter of convulsion only, but also of nutrition, are an earnest of what is to be done in this way of inquiry. Clinical study leads us to anticipate that there are many parts which, although distant from one another, are nevertheless balanced together. We see this constantly, for instance, in the effects of a purge upon the encephalon,‡ and of uterine disorders upon the nerves of the head and face and of the left infra-mammary region.

Space forbids me, in the third place, to discuss those brilliant anticipations of therapeutical progress which seem to

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* The reader is probably aware that "*grammaticus*" does not mean "grammarian," but may perhaps be best translated as "man of letters."

† The literary renascence of the thirteenth and sixteenth centuries, which brought up new editions of "authorities," acted in this way even as a bar to the advancement of scientific knowledge.

‡ Tageblatt der Versammlung in Innsbruck, p. 187. 1869.

§ I have combated the prevalent idea of a morbid poison being syphilis in an article on Syphilitic Diseases of the Brain in "St. George's Hospital Reports," vol. iii.

* That is, not for the sake of elimination, upon which *hypothesis* it was formerly done; but upon the modern hypothesis of abstracting heat by evaporation.

† As I have written more at length on this point in an article on Temperature in the July number of the "Medico-Chirurgical Review," I omit much that was written here.

‡ Purging was formerly, of course, resorted to on the theoretical grounds of elimination.

promise so much in the immediate future.* The researches of Brown and Fraser and of Broadbent seem to indicate that a vast field of discovery is lying scarcely hidden at our feet. The administration of drugs has been so simplified and refined that we are now approaching, for the first time, to an accurate knowledge of their effects upon the organism. The observers I have named, with others like them, may now hope to establish, and indeed are establishing, some constant relations of molecular constitution between the higher chemical groups and certain corresponding bodily tissues. If in this way we learn to classify agents according to their affinities within the organism, and according to their power of binding or releasing force in particular tissues, we shall feel that the scales are indeed falling from our eyes.

We are justified, then, in looking confidently to a future of great progress in medicine. Freed from the paternal oppression of narrow and conflicting authorities, gathered into unity with the State as one arm of her power, and enabled by her own representatives to make her own needs felt and to govern herself for her own best interests, Medicine will take a new place in the State, and make good her claim to the service of the best intellects of the age.† Let it not, however, be supposed that, in rejoicing with the hope of this great progress of medicine, I am rejoicing in the mere supremacy of medicine as a profession, or in a mere investment of the profession with external honours. "For that which tends only to profit or glory is but as the golden ball thrown before Atalanta, which while she goeth aside and stoopeth to pick up she hindreth the race." No one can care less than I care for titular precedence as such, or for the outer decorations of greatness. "'Αλλὰ τιμὴ μὲν, ἔφη, ἑάντερ ἐξεργάζωνται ἐπὶ ὁ ἕκαστοι ὥρμηκε, πᾶσιν αὐτοῖς ἕπεται. Τῇ δὲ τοῦ ὄντος θέᾳ, οἷαν ἡδονὴν ἔχει, ἀδύνατον ἄλλῳ γεγεῦσθαι πλὴν τῷ φιλοσόφῳ."‡ I am glad to see our profession rising to higher honour, because I hope and believe that this advance is the advancement of free inquiry, and of a patient, truth-loving spirit, untrammeled by prescription and heedless of privilege of rank or creed. The time seems to come nearer and nearer when men, distrusting the unequal mirrors of their own minds, will rise to that real and lofty faith which consists in the trust and free acceptance of truth alone, believing that in the single contemplation of "the one great and common world," and in quick acknowledgment of its laws as the highest rule, we can be led into no evil, but rather by it alone, if at all, we shall reach to happiness and perfection. "'Ηγουμένῃ δὴ ἀληθείας, οὐκ ἄν ποτε, οἶμαι, φᾶμεν δικῇ χορὸν κακῶν ἀκολουθῆσαι. Πῶς γάρ.'

* The establishment of that excellent journal, "The Practitioner," under the able management of Dr. Anstie, is very significant of advance in therapeutics.

† Our hopes have fallen since I wrote this sentence, and the course of the Medical Bill will be another instance of that lack of statesmanship which seems to be the bane of so much of recent legislation. We have two evils crying for remedy. The first is, that we are represented by a Council which is formed on a false and narrow basis, which is therefore impotent in action and feeble in debate. The second is, that admissions to the profession are made irregularly, and after divers and insufficient standards. To meet the latter evil, the Bill proposes to leave all examining boards as they are, and to add to the confusion by establishing others of less *prestige*. To meet the former evil, the Medical Council, instead of being remodelled on a representative basis, is to have its wings clipped, and be thus reduced to a more pitiable state than ever. There is no reason for directly representing the old guilds which does not apply with greater force to the large medical schools. That the corporations exist for the profession is a new and curious truth as yet to be discovered both in Lincoln's-inn and the Temple, as well as in Lincoln's-inn-fields. Meanwhile we have some compensation in the comic attitude both of the legal and medical corporations, who, while loudly protesting how great are the benefits they have showered on their respective professions, yet manage with admirable dexterity to elude every chance of falling into the hands of their affectionate children. As bewildered as Don Basile, we are tempted to cry—

"Qui diable est-ce donc qu'on trompe ici?
Tout le monde est dans le secret!"

On the other hand, when we think of the individual members of the Council, how able and excellent many of them are, and how valuable their reputation is to us all, we regret the more deeply, for their sakes as well as our own, to see them placed in so false a position.

‡ Plato. Rep. ix., 582.

SYPHILIS ALLEGED TO BE CONVEYED BY VACCINATION.—The *Lyon Médical* of February, 1870, states that two soldiers, who had never had syphilis, were revaccinated some months ago, when they had joined their regiment, as is generally the custom. The vesicle was long in healing, it turned into a syphilitic chancre, and secondary as well as tertiary symptoms followed. The editor of the journal takes occasion to deprecate Jenner, and warmly recommends heifer vaccination.

PRACTICAL SURGERY.

By OLIVER PEMBERTON,
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I.

Excision of Knee. Age for operation; illustrations. Case in which Gangrene followed. Treatment of Compound Fracture of the Patella by Excision. Treatment of the same accident without operation.

ELEVEN years ago,* I laid before the profession some observations on the subject of excision of the knee-joint. They excited at the time, and since, a good deal of comment, more especially in regard to the question of the want of growth in the limb submitted to operation in the young subject. I do not change now the opinion I then expressed, to the effect that this want of growth rendered the limb in after-life useless, and that hence the proceeding was not to be recommended in children. In making this avowal, I expose myself again to the friendly dissection of Sir Wm. Fergusson,† who congratulates his patient on the possession of a foot of "flesh and blood" in preference to an "artificial appendage," even in the extreme case of the natural support being actually above the level of the sound knee. I must note also the fact that on the 29th of January in this present year Mr. Paget excised the knee-joint of a lad aged eight in St. Bartholomew's Hospital; and that another case, of a boy whose knee had been excised by him three years previously, had come under care again on account of disease in the opposite hip—the result as regarded the knee having, it is said, been very successful, till lately, when flexion had taken place.‡

I should be glad if, by again drawing attention to this particular question of "want of growth," I should be successful in eliciting Mr. Paget's views. My own convictions on this matter were recently strongly revived by examining a most excellent instance of the success of the mere operation at the hands of Mr. Vincent Jackson, of Wolverhampton.

The case, that of a girl aged twelve, was exhibited at a recent meeting of the Pathological Section of our Medical Association here. Nine months had elapsed since the operation; and the cast taken of the united bones, on the child leaving the hospital, displayed a limb completely straight. The condition of the patient when shown was that the supposed firm bony union has yielded, giving rise to considerable flexion in the limb.

Apart from the want of subsequent growth, I myself entertain a very strong opinion that we are not justified in relying on the permanence of the union between the sawn extremities of the bones in children as we would in adults. Some time ago, and before I had abandoned the operation in early life, I excised the knee-joint of a boy aged ten. The union was everything to be desired, and he was discharged to a distance, and lost sight of. When seen within two years of the operation, the flexion was so considerable that he could not put the foot to the ground, and ended by going about on a peg leg, with his knee at a right angle carried behind him on the shelf. The union was bony enough then.

The truth is that it takes a great deal longer in children to obtain an absolutely immovable union than it does in adults; and it is necessary, in order to guard against subsequent yielding, to insist on the patient's wearing a leather support, strengthened with light ribs of steel, for at least twelve months after the excision.

But I pass on with no little satisfaction to make a few remarks on the operation in adult life, prefixing the expression of my belief that, after twenty years of trial, between the ages of fifteen and thirty-five, the operation of excision of the knee, as revived by Sir William Fergusson, in suit-

* On Excision of the Knee-joint, especially in regard to the want of subsequent Development and Growth in the Young Subject. London: T. Richards. 1859.

† Lectures on the Progress of Anatomy and Surgery. London, 1867. pp. 139, 143.

‡ Hospital Reports, Brit. Med. Jour., Feb. 5th, 1870, p. 133.

able cases, maintains itself as the most conspicuous illustration of the ability of conservative surgery in the present century.

"Those cases will be found most eligible for excision where the mischief in the bone is limited to the articular extremity, and where the soft parts have not become adherent to the parts beneath from the presence of sinuses, or from the general effects of long-continued disease."*

Here is the teaching of this experience:—

W. B——, aged nineteen, a chaser, was admitted under my care in the hospital May 14th, 1869, on account of disease of the right knee. The malady arose in a fall two years previously, and had wholly prevented him from following his employment.

Actual condition of the limb.—The joint is bent at an angle of thirty degrees, raising the foot six inches from the ground when he stands up on the sound limb. There is a little movement practicable, but the patella is anchylosed to the external condyle. There are no sinuses, but the aspect of the joint, and the tenderness on firm pressure, leave no doubt of the extensive destruction of the soft parts within.

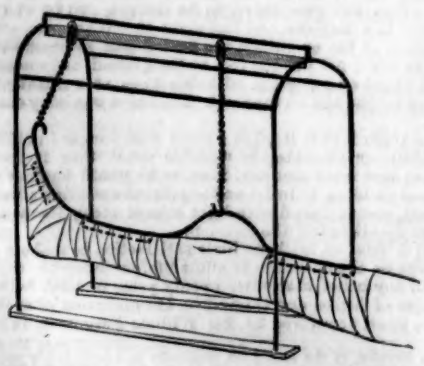
On the 19th I excised the joint by a semilunar flap, removing altogether one inch and three quarters of bone from the femur and tibia, together with the patella. When all oozing had ceased, the limb was adjusted on the operating table by means of the anterior splint; and, on removal of the patient to bed, was suspended in a Salter's swing.† At the end of five weeks the wounds were soundly healed. The splint was now removed, having never been disturbed since he left the theatre, and his limb left to lie without any support beyond a sand pillow, it being obvious that bony consolidation was establishing itself. In six weeks he left his bed, walking with crutches; in seven, he walked across the ward, bearing his whole weight on the limb with confidence, the union being solid, bony, and complete. The state of the articular surfaces showed universal destruction of synovial membrane and cartilage. In the first of these the disease had originated, passing onwards so as to penetrate and absorb the adjacent bone generally to the extent of a few lines, leaving it beyond sound, and hard to the feel as the saw cut through it.

When this patient left the hospital, which he did as soon as we were content to part with so good a specimen, he at once went to pushing a handcart laden with coals, at which employment he at this time continues.

When I exhibited this case at the section, I drew the particular attention of the members to the advantage which I believed existed in obtaining the union of the bones so that the contour of the limb was somewhat convex anteriorly, rather than perfectly straight. I had previously found by experience that this feature, which was sufficiently marked in this case, gave additional power and facility in various kinds of movements, and especially enabled the patient to sustain the rude shocks and strainings of laborious employment.

* The Author on Excision of the Knee, p. 28.

† The anterior splint, as contrived by our instrument-maker, Mr. Best, is shown by the annexed sketch.



The line along the anterior aspect of the leg indicates the metal rod which forms "the splint." The dotted lines upon the leg indicate the form and position of thin metal plates fixed to the splint, which, when padded, allow of the splint being firmly adjusted to the leg by means of bandages.

Since writing these remarks, I have read the observations made by Mr. Callender,* at the adjourned debate on Mr. Gant's paper on Excision of the Joints, in reference to securing movement in the limb after operation. I confess I do not think that this is desirable, certainly not for artisans; and at present—and the fact is a curious one—excision of the knee has been, I believe, absolutely confined to the class of patients, whether male or female, who have to labour in order to live. I have had several cases in which the union was not bony, there being an appreciable movement obtainable between the sawn surfaces; but I have never seen any degree of flexion possible after excision of the knee that did not lead to want of confidence in the limb, and an actual loss of power and utility.

And now to place on record the occurrence, after the operation of excision of the knee, of a complication that ended fatally, and which has, so far as I am aware, been hitherto unknown.

On the 26th of January in the present year I excised, in the hospital, the left knee of J. S——, aged seventeen, on account of strumous disease originating in the synovial membrane, of nine years' duration, and in which the deformity was greater, and the dislocation of the tibia backwards more complete, than in the case of W. B——.

So far as the general health of this patient was concerned, there appeared nothing to be desired, and the disease in the joint seemed to me to thoroughly satisfy the description I have given of a most eligible case.

The operation, and the amount and the condition of the bone removed, were identical with W. B——'s. Perhaps, owing to the more complete dislocation of the limb, there was some degree of straining on the soft parts of the popliteal space in bringing the sawn bones in apposition. For the actual adjustment I again used the anterior splint, having its bearing points on the front of the thigh, on the same surface in the leg, and on the dorsum of the foot; all the places mentioned being carefully covered by three leathern caps, to avoid the possibility of sores. In addition, a short posterior splint, well padded, was placed behind the joint, reaching well above and below. The limb, with these splints, was carefully rolled, and the line of the wound left open and free, and the whole suspended by Salter's swing.

There was a good deal of arterio-venous hæmorrhage, both at the operation and afterwards; but nothing beyond the ability of torsion and pressure to restrain. In the course of the afternoon and night thirty-five drops of the sedative solution of opium were given.

On the morning of the 27th he was comfortable. There was no pain or hæmorrhage. His pulse was quick, but equal. There was no disposition to sickness, and he partook freely of milk. At night twenty drops of opium were again given.

On the 28th and 29th all seemed well. Wound healthy; dressed with carbolic oil. Countenance cheerful; limb without pain. There was scarcely any disturbance following the operation.

On the 30th he was well, and ate heartily of meat and drank ale. The wound looked well, and in several places union seemed complete.

31st.—Vomited in the night a greenish fluid. Pulse quick. The vomiting continued at noon. At 4 P.M. the wound was dressed; looked well, and was without tension. He complained of a severe stinging pain in the knee, which was relieved by the hypodermic injection of one-third of a grain of morphia.

Feb. 1st.—Passed a restless night. Pulse quick and very weak. On examining the wound, an ash-coloured spot was observable just below the head of the tibia. The splints were at once removed, when the entire limb from this point to the toes was seen to be gangrenous. There was no œdema; no vesication; no marks of injury at the points of pressure of the splint. All above the spot was warm and of natural colour. The limb was simply laid between sandbags, and abundance of nourishment and stimulants directed to be given. He did not complain of pain, but was restless and profoundly depressed.

On the 2nd I held a consultation with my colleagues as to the propriety of interference by amputation, but it was felt that his condition did not permit it. With no change in the limb or extension of the gangrene, he gradually sank, and died at 5 A.M. on the 3rd.

* THE LANCET, May 21st, 1870, p. 733.

Dissection, twenty-four hours after death.—Thoracic and abdominal viscera healthy. A particular dissection was made of the gangrenous limb. The anterior and posterior tibial arteries and veins and the peroneal were found pervious and unaffected throughout their entire course. The popliteal artery and vein were next examined, and the artery found to be natural; but the vein towards the upper part of the popliteus muscle was found blocked up by a firm plug of fibrin adhering to the tube of the vessel. Above this the vein, as far as the femoral in the groin, contained some puriform matter and broken-up clots. There were no traces of coagulation discovered in any other vein. Around the sawn surfaces all was well. There was no extravasation of blood, and nothing beyond the arrest of healthful exudation of lymph observable.

Reflection on the preceding case suggests but one cause for the gangrene—adhesive inflammation of the popliteal vein. The absence of œdema, of vesication, of severe pain and constitutional disturbance, shows that the cause of the gangrene was rapidly, and even suddenly, developed, and had not the remotest connexion with the appliances made use of in the adjustment of the limb. I entertain no doubt that the surgical interference with the knee-joint was the immediate agent that induced the fatal mischief in the vein. That the phlebitis was absolutely local the post-mortem examination proves beyond the possibility of doubt; whilst the utter absence of the symptoms of general inflammation of the veins of a low type precludes the suspicion of pyæmia.

I approach now the question of excision of the knee in cases of compound fracture of the patella. My attention was especially called to this subject in consequence of Mr. Poland's paper communicated to the Royal Medical and Chirurgical Society* on the 11th of January in the present year. An analysis of fifty-six cases of compound fracture of the patella was submitted, a general agreement being reached as to the very serious character of such accidents, and that there could hardly be a case of compound fracture of the patella without there being also a wound or lesion of the knee-joint.

The main argument rested on the treatment. Shall the limb be amputated? Shall the joint be excised? Shall the injured parts be put at rest for nature to restore as best she may.

As to the first, I was glad to find Mr. Holmes enunciating the opinion that such an accident was not now held to be an absolute indication for amputation. In reference to the second, there was no case on record of such treatment having been carried into effect, and it was evident that its selection must depend on the amount of injury sustained by the soft parts. Whilst, as regarded the third, there was no doubt that cases had done well when left alone.

With these facts before us, I submit the following case:

On the 6th of August, 1867, at one o'clock in the afternoon, I was called to see a gentleman, aged seventeen, who had an hour previously been thrown violently against some iron railings of a building, in consequence of the horse he had been driving in a dogcart getting beyond control and furiously running away.

I found a very strong, short, and thickset young man, looking indeed pale, but otherwise calm and collected. The chief injury was to the right knee. The patella was broken in many pieces, and there were three ragged openings in the skin, not extensive, through any of which, however, a communication could be effected with the inside of the joint, which was already swollen, and contained effused blood.

Putting the limb at rest on a splint with as little delay as possible, I took the patient home, driving a distance of four miles. He bore his journey without fatigue, and in a few hours was as contented as though nothing had happened to him.

I next laid the entire gravity of the case before his parents, and had shortly the advantage in consultation of the opinion of Mr. Crompton as to what plan of treatment should be adopted. The responsibility of selection was left to us without hesitation, and, after careful consideration, it was determined to excise the joint.

Accordingly, at 9 A.M. on the following morning (7th), the patient having passed a quiet and even comfortable night, I excised the joint in the usual manner, under the influence of chloroform. The fragments of the patella, five in number, were removed, and thin slices of the articular surfaces sawn off. The whole proceeding was well borne, was unattended by any drawback, and when, within twenty-four hours of the accident, the limb was finally adjusted, the patient's condition was to all appearances as satisfactory as possible.

8th.—All going well. Can take light nourishment without stimulant.

9th.—No really bad symptoms present, but I note the pulse as too quick, and the face too pale. In the evening he was restless and delirious. Stimulants were ordered, and an opiate.

10th.—Called at 6 A.M., and found him sinking, and at a few minutes before eight he died. There was no post-mortem examination.

The result of this case, I must own, disappointed me. Considering the severity of the injury, the symptoms of constitutional disturbance were remarkably absent. This is true also of the first twenty-four hours after the operation. Taking, therefore, into consideration all the circumstances—the youth of the subject, the absence of the slightest drawback in the operative proceedings, the surroundings of pure air and well-ordered attendance, as well as the fact that there was not the slightest evidence of any injury having been sustained by the internal organs, I cannot help asking myself the question whether there is not in these cases of primary excision of the large joints a more continued shock inflicted on the vital forces than in corresponding amputations? At the same time, all of us who have frequent opportunities of dealing with the operations required by great accidents, are fully alive to the unexpected failures that attend the most promising cases, without any reference to the particular operation selected.

As to leaving cases of compound fracture of the patella without active interference, the surgeon must be guided by the age of the patient and the extent of the injury. After five-and-thirty years of age, my own experience points to the selection of amputation as the preferable proceeding. That the joint, sooner or later, is invariably implicated in these injuries, I cannot doubt—a conclusion that should be duly weighed when at the beginning this last mode of treatment is selected.

That such cases from time to time will do well is certain, and I may add the following in confirmation of the instance mentioned by Mr. Birkett* as having been under the care of the late Mr. Aston Key. A young man, four years since, was admitted into the hospital under Mr. Crompton's care, who had been thrown violently on a somewhat pointed piece of iron, which struck the centre of the patella, fracturing it star-fashion, and assuredly opening the joint. A few small pieces of bone were removed at the time, and the limb put up at rest in a long splint. The man did well without any trouble, and was in a better position than happens in transverse fracture of the patella; in fact, there was a very perfect patella, without any separation of fragments, and, in Mr. Crompton's opinion, with even bony union.

* THE LANCET, vol. i. 1870, p. 159.

CASES OF CIRRHOSIS OF THE LUNGS.†

BY C. HANDFIELD JONES, M.B., F.R.S.

CASE 1.—H. P——, aged forty-one, brickmaker, admitted June 7th, 1869. Is a rather short, broad-made man, lame of the left leg, since he fell and injured his left hip twenty-three years ago. He has always been healthy, with the exception of this accident, until about three years back, when he was laid up for nine weeks. The beginning of this illness was that he felt "sicklified" for two days; then he had to leave off work, and took to his bed. He had no severe pain in his chest, but was thirsty. About five or six days after he was taken ill, he brought up a quantity of rotten, stinking stuff, which was green and black, and bloody. After he recovered he returned to work, which he continued to be able to do pretty well till last March, when he felt a pain at the left side as if he had "ricked" himself. In April he got cough and expectoration, which continue

* THE LANCET, loc. cit.

† Read before the Harveian Society, March 17th, 1870.

at the present time. Before his illness he used to have some winter cough, but nothing to speak of. After his nine weeks' illness, while he was at work, for three years or so, he had no cough of any notable amount. His mother is alive, and pretty well. His father and two sisters died of cholera. He is the oldest of seventeen children, none of whom have ever been consumptive. Never had rheumatic fever. He says that during the illness above referred to he spat up a great deal of blood, and that since he has been ill this time he has brought up branched coagula of bloody substance. He is much emaciated, but not very weak. His legs are considerably swelled as high as the knees. Has not been able to lie down at night on account of cough for five weeks. Sweats at night. Pulse 102, small and weak. Appetite pretty good. Urine at times very red; not scanty; that passed on the day after admission was clear, specific gravity 1021, not albuminous, and red. He expectorated about half a pint of thick muco-pus. His weight about this time seems to have been about 131 lb. The left side of his chest appeared contracted. There was dulness and great deficiency of breathing, with increased vocal resonance, in the left front; in the lateral region there was dulness and moist râle throughout; the left back was dull everywhere, and the breathing heard over it was of semi-tubular character, mingled at the base with râle of metallic quality, and with large moist râle in some other parts. The breathing in the right lung was tolerably good. The heart's apex-beat was distinct in the left side, a full inch outside the vertical line of the nipple; the sounds were normal. The left front appeared collapsed in comparison to the right. The line of the spinal processes deviated very much in the upper dorsal region, exhibiting a considerable concavity to the left. The left leg was shortened; the left shoulder lowered. On July 3rd the breath-sound at the left back was of extremely marked bronchial character; a little vesicular sound was heard, and scarcely any moist râle, except in the infra-spinous fossa, towards the side, where the breathing was cavernous, and attended with small crepitation. He was ordered to take thrice a day a mixture composed of fifteen minims of solution of muriate of iron, fifteen minims of spirit of chloric ether, and five minims of sedative solution of opium, in an ounce of water; two drachms of cod-liver oil daily; and a good diet. He went out July 16th, having gained 11 lb. in weight, lost all his expectoration and œdema, and regained some strength.

The case excited some interest while the patient was in the hospital. The resemblance of the sounds heard in the left back to those produced by a cavity with softening tubercle round it was most striking; and one eminent authority who examined the patient regarded him as the subject of tuberculous pneumonia.

After his discharge he was badly off, and for a time lost ground to some extent; so he was readmitted Nov. 22nd. His weight was then 149½ lb. He had no expectoration, and very little cough. His pulse was 87; his temperature 98·6°. He complained of little more than some uneasiness in the left postero-lateral region, more a sense of pressure than pain. The subclavicular hollow on the left was much obliterated; on the right about normal. The precordial region was slightly bulged, perhaps owing to the constriction of the left chest, which was very evident in the situation of the fifth, sixth, and seventh ribs in the lateral region, the lower part of this region being prominent. The right chest was evidently more ample than the left. The heart's apex beat most evidently nearly two inches outside the vertical line of the left nipple, thrusting itself at the systole downwards and outwards. The site of the impulse was a very little below the horizontal line of the nipple. Resonance much fuller and more perfect in the right front than in the left; left lateral region dull, except in about the lower third, where there was well-marked stomach note. In the right upper front the breath sounds were fairly full and good; but the expiration was rather prolonged. There was good breathing in the right lateral, lateral posterior, and dorsal regions, except in about the lower third of the back, where it was weak, and attended with small crepitation. There was scarce any breath sound to be heard in the left front, only a little weakish tubular sound, single and inspiratory. A little coarse crepitation was heard in the lateral region. In the left supra-spinous fossa the breathing was very weak; in the left infra-spinous fossa, and external to it, there were very marked cavernous and tubular sounds and gurgling râle. At the lower fourth of this back the sounds were somewhat more vesicular, with creaking and coarse crepitant râles. Vocal fremitus well marked in right lower back, but still more evident in left. Very loud bronchophony at lower two-thirds of left back; not at upper third. Heart's sounds very loud below the left clavicle, of normal quality. Depression under left false ribs more marked than that under right. Urine pale, clear, specific gravity 1020, not albuminous. The steel and cod-liver oil which he had been taking all along were continued.

Dec. 4th.—His weight was 152 lb.; temperature 97·5°. He was taking full diet.

18th.—His weight was 154 lb., and had been so for a week. He stated that he was 7 lb. heavier than he had ever yet been. He had no cough or expectoration.

Soon after he went out. The sounds at this time at the left middle dorsum were such that, had I been auscultating blindfold and without any knowledge of his history, I should have said, without the least hesitation, that his lung was excavated by a large vomica, surrounded by abundance of softening tubercle.

March 12th, 1870.—I saw him to-day. He has been badly off, and had a bad catarrh; but he still looks well and hearty, and has no notable cough or expectoration. His weight is 146½ lb. Physical signs as before.

CASE 2.—J. B——, a carpenter, aged fifty-three, admitted January 12th, 1869. Never was ill before. Was taken ill while at work; perceived a nauseous smell; went home and got to bed, and was taken in his sleep with pain, first in the left arm, and then all over him. Cough and expectoration set in immediately; he could not breathe nor expectorate freely for some days. He was quite well six weeks ago; now he looks old, is very much emaciated, coughs, and spits a good deal. Never spat blood. There was good breathing in all the right lung, and also in the upper part of the left, except that it was rather interrupted; but at the lateral region and lower two-thirds of posterior there was very little to be heard but moist râle, and in the same parts there was marked dulness. The heart's impulse was felt in the epigastrium; the sounds were normal. He expectorated half a porringerful of thick, green muco-pus. He was ordered solution of muriate of iron (fifteen minims), spirit of chloric ether (ten minims), sedative solution of opium (five minims), in water to one ounce, three times a day; cod-liver oil (two drachms) and sulphuric ether (fifteen minims) once a day. Blister to be applied to the part where the dulness was marked. On the 15th he felt much better; took a good meat diet well; pulse 96, of fair force. The right lung continued healthy; it was enlarged, descended low, and depressed the liver about three finger-breadths below the ribs. The right lower ribs moved outwards well during inspiration; the left were almost motionless. There was tolerably good breathing in the upper part of left front; at the lower part small crepitation was heard. In the left axilla the breath-sound was pretty natural; but lower down it was almost nil—only some weak moist râle could be heard. In the upper part of the left back the breathing was pretty distinct, but weak, and attended with some moist râle. In the middle and lower dorsal regions the air was heard entering more feebly, though still distinctly on a deep inspiration being taken; but there was a good deal of moist râle. The left back was dull, or woodily resonant. On the 30th it was noted that the left shoulder was lowered. The left intercostal spaces were more marked than the right. The circumference of the left side was 15½ inches, of the right 17 inches, taken at the level of the xiphoid. The breathing in the left lower back was harsh and weak, and the inspiratory movement continued to be but slight. He was still very emaciated; the amount of expectoration was less. The iron mixture had been replaced by one of nitric acid, tincture of cinchona and cascarilla, with Canada balsam and tannin in pills. On Feb. 5th, nitric acid, solution of pernitrate of iron, and sedative solution of opium were ordered. By the 13th he was very much improved; pulse 108; temperature 99·5°. On the 17th the expectoration was reduced to only about six nummular masses with a watery liquid. In the early part of March the expectoration became very copious again; there were well-marked râles in the left back, dulness, and bronchial breathing. Turpentine was given, and subsequently twelve grains of quinine in the day, with sulphate of iron, and emetics

every other night; but he still continued to expectorate largely watery liquid and thick muco-pus. In other respects he looked and felt well; pulse 96, of good quality. Chlorine inhalation was now prescribed with some advantage; subsequently one grain of opium was given at night. He gained strength, and the expectoration (which was chiefly nocturnal) lessened. Tannin, in twenty-grain doses three times a day, was given for a time; but the iron and quinine seemed more beneficial, or nitric acid with pernitrate of iron. By May 8th he had no cough or expectoration; no râles were heard in the backs, but the breathing remained weak and imperfect at the left posterior base. He left the hospital some time after, but returned on the 7th of July to show himself; he had gained flesh and looked well. He was seen again on the 31st, when he felt as well as he ever did in his life. Had left off medicine.

CASE 3.—W. W——, aged forty-two, a tall, large man, a labourer or carter, admitted June 8th, 1869. He has had cough about twenty years, chiefly in the winter. His expectoration with this cough might amount to a wineglassful in twenty-four hours, or perhaps rather more. He never spat blood but once, when he was as well and hearty as possible; not much came up. Has been ill eight or nine weeks; was taken with shivering at first, as if he had ague, "which turned to inflammation on the lungs." Dr. Roberts, under whose care he has been, says he had well-marked pneumonia when he saw him. Is much emaciated; lips pallid; pulse 102, very weak. Copious muco-purulent expectoration, about 14 oz. in twenty-four hours. In both fronts the breathing is imperfect, very deficient in fulness, harsh, and semi-bronchial. The right back is somewhat dull. There is no natural breathing in any part; what there is is markedly bronchial, and attended with small crepitation here and there. In the left back the percussion sound is better, and there is less râle; the air enters rather more freely, but the breathing is notably bronchial, especially in the supra-spinous fossa. Heart's sounds normal; but the organ is displaced, beats in the epigastrium, and not in the normal site. None of his relatives have died of consumption, as far as he knows. Urine: sp. gr. 1018, not albuminous.

On the 14th his pulse was 96; temperature 100°.

On the 16th the movement of the right upper front was 30; of the left, 75; of the right lower lateral region, 10; of the left, 40.

On the 19th the following notes were taken of the physical signs:—Left supra-spinous fossa more resonant than right. Left back fairly resonant in all its extent; right back very notably dull in its lower third or half. Breathing very weak in almost all the left back. Air is heard entering freely in the upper part of right back; the expiration is prolonged. In the middle part of right back there are râles and prolonged expiration. At the right base there is nothing to be heard but very weak inspiration, prolonged expiration, and moist râles. In the right front there is resonance down to the fourth rib, where it is replaced by dulness, extending as far down as two finger-breadths below the ribs. There is considerable tenderness in this whole region. The whole of the right lateral region is dull; and nothing is to be heard except a little creaking sound. In the right front the inspiration is harsh, there is a little moist râle, and the expiration is prolonged. In the left front the breathing is weak, and the expiration prolonged; the same is the case in the lateral region. The precordial region is occupied by lung. The subclavicular depression is more marked on the right than on the left; and the transverse measurement from the internal extremity of the clavicle to the middle of the head of the humerus is half an inch less on the right than on the left. Intercostal spaces evident on the left side; effaced on the right. Heart's sounds free from murmur, louder at xiphoid than at base. Pulsation in epigastrium evident. Expectorates still a very large amount of thick muco-pus, 12 oz. to 16 oz. per diem. Pulse 96; skin cool; temperature on the 23rd, 100·4°. Bedsores which he had on admission are healing. Appetite good. Marked anæmia and emaciation; notable œdema of feet and ankles.

July 2nd.—Is gaining strength; can walk about; expectoration less, and more watery. Air enters very fairly and fully into all the left lung posteriorly, and tolerably well into the corresponding part of the right, but about the lower third of this back all is silent, while higher up crepitations are heard.

14th.—The fluid from a blister applied to the right back forms a fibrinous coagulum, which does not contract, and which consists almost solely of a granulous basis-substance, with very few corpuscles, and no fibrils.

Aug. 18th.—Right lung continues in nearly the same state. There is almost no breath-sound at the posterior base, and above it is very weak. Has frequent darts of pain in right lower back. Expectoration not half so much as it was.

28th.—Doing well. Weight 153 lbs.

Sept. 3rd.—Physical signs as follows: Left front of back resonant; breathing weak, but pretty natural in all the left chest; in the right front the percussion is decidedly woody and quasi-tympanitic, contrasts quite with the left. Right back is dull throughout; breathing in all the right front pretty natural, but weak. In the right lateral region weak breathing is heard at the upper part; below it is nil. In the right back the breathing is extremely weak; only a little crepitation can be heard at the posterior base. The right shoulder is lowered slightly; the left transverse line, from base of neck to top of shoulder, is evidently longer than the corresponding right. The right infra-clavicular region falls in, and the right antero-lateral region is flattened. Expectoration very much reduced; is now scarcely anything but muco-watery stuff. Precordial region occupied by lung; there is no cardiac impulse perceptible anywhere; the sounds are almost as distinct to the right of the sternum as to the left.

22nd.—Expectoration has altogether ceased the last two or three days; he feels much better and stronger. Weight 178½ lbs. Discharged.

Oct. 23rd.—He came to the hospital looking big, stout, and well. Had scarcely any cough or expectoration, but did not feel strong enough to work. He had gained flesh and strength.

Nov. 6th.—Has continued to gain strength; has some cough, and expectorates about half a teacupful at night.

The remedies employed were nitric acid, tannin, solution of muriate of iron, solution of pernitrate of iron, alum, quinine, Canada balsam, opium, cod-liver oil, Ashantee bark, and chlorine inhalation. The opium was given for eighteen days, at the rate of one grain every three or four days, but without any striking good effects. The stronger tonics for a considerable time were not well borne; they seemed to increase the cough and expectoration. More good effect was produced, I think, by the Ashantee bark than by any single remedy. It was employed at a time when the cough and expectoration were very considerable, and the improvement from the time of commencing its use went on favourably. It is, I believe, essentially an astringent, containing some modification of tannin.

There are some points in which the preceding cases resemble each other a good deal. In all there was special affection of one lung, the play of which was considerably impeded, and its structure seriously altered, the side being contracted, and the shoulder lowered, while the other lung was more or less enlarged. In the first case the heart was remarkably displaced to the left; in the third, to a less extent to the right. In all the cases there was a history of a preceding acute illness, which in the last two appeared to have been pneumonia, and in the first pulmonary gangrene, perhaps supervening on pneumonia. In all the cases the existence of phthisis was rendered very improbable by the previous history; and in two its absence in the relatives was tolerably certain. In all there was very copious expectoration of muco-purulent matter, great emaciation and prostration, and in all recovery took place in a very satisfactory manner, under persevering tonic treatment. Two of the cases had spit blood, and in one of these the physical signs simulated deceptively those of advanced phthisis. In the others this was not the case, but it required some exercise of faith in physical diagnosis to enable one to affirm confidently that the patients were non-tuberculous. Some may be inclined to question whether the second and third cases were not instances of pleuritic effusion undergoing slow absorption, especially as in the latter the intercostal spaces on the affected side at one time were effaced. Some effusion there probably was, but that it was the chief lesion is negatived, I think, by the dulness of the affected region being less complete than it is in effusion, and by the ex-

istence of moist râles in the subjacent lung. Copious expectoration is at least very rare in pleurisy, unless an empyema be discharging through the bronchi, and this is, I think, out of the question. I entertain little doubt that the heart's displacement in the first case was caused by the traction exerted on the mediastinum by the shrinking lung, which was adherent to the left ribs. The lung was probably infiltrated with fibroid indurating matter, which spread from the interstitial spaces, and gradually invaded or compressed the air-cells. The presence of induration matter around the larger bronchi sufficiently accounts for the cavernoid physical signs. In the other two cases the cirrhosing process had probably proceeded to a much less extent, yet sufficiently to interfere with the expansion of the lung, and to cause some contraction of the side.* It will be very interesting, as time passes on, should opportunity offer, to observe whether the cirrhosing process develops itself more and more, and causes increased contraction of the lung. Time is an essential element in these gradual changes, and it will be observed that the interval between the acute illness and the period when the patient came under observation was much greater in the first case (in whom the phenomena were much more striking) than in the others. In most cases of pulmonary cirrhosis I suspect inflammation past or present is an element of the morbid process, though it is certainly not the most important, and probably is not essential. Dr. Popham records a case in which inflammation had very evidently existed for some time. The left lung was enlarged, its upper lobe was hepatised, and contained two or three small abscesses holding pus. The right lung was firm, fleshy, very heavy, whitish, and dry, not exhibiting a trace of blood; in its upper lobe was a large cavity containing two ounces of genuine pus. No sign of tubercle in either lung. Here, however, we can hardly doubt that the pneumonia was secondary to the cirrhosis. Dr. Stokes has noticed contraction of the side as sometimes succeeding recovery from pneumonia, and Dr. Corrigan suggests that probably in this instance there was deposition of lymph in the interlobular areolar tissue of the lung, which gradually took on the contractile action. This latter phrase, translated into the language of modern pathology, expresses hypertrophous growth of imperfect fibrous tissue—in fact, a condition which has more real resemblance to the formation and increase of a fibrous tumour than to any other. Its real motor is quite unknown to us, but inasmuch as it is common to find the same process prevailing in several different parts in the same subject, I think, as I did sixteen years ago, that it depends on some general condition of the blood or of the whole system, and not on local irritation. The amount of new-formed fibrous tissue varies much in different cases; to some extent, no doubt, in accordance with the length of the time that the morbid action has continued. In my last two cases it was, I suppose, much less than in the first, and to these probably Dr. Addison's description would apply where he speaks of pneumonic inflammation having terminated in adhesion; the albuminous effusion having partially undergone organisation and contraction, and thereby gluing together and hardening the air-cell tissue; the whole of the appearances in the condition, which he termed *grey induration*, being the result of permanent albuminous deposit, obstructed cells, and black pulmonary matter, together with more or less alteration in the interlobular cellular membrane. Such a condition as this may be regarded as constituting the early stage of cirrhosis of the lung, and is undoubtedly more frequent than that of complete development. The presence, however, of copious muco-purulent expectoration in a one-sided lung affection, attended with more or less contraction of the side, would always lead me to regard it as very probable that the bronchial dilatation so well described and explained by Dr. Corrigan had taken place, at least to some extent; although there might be (as in my cases) no physical signs of the existence of large cavities. The exhausting effects of such expectoration I have long regarded as dependent, not chiefly on the loss of material, but on the wasteful expenditure of organising force; and I was much pleased when I found recently, in a clinical lecture of Mr. Paget's, that he adopted the same view. It was not, however, his own originally, but Mr. Butcher's, his house-surgeon's, as he frankly states. Let me quote the passage:—

"If pus contained no organised materials, the system might produce the same quantity without exhaustion; but there is a continual expenditure of force in producing and organising the pus-cells, which are the degenerating materials for repair, and in the production of which there is doubtless just as much expenditure of force as there would be in the production of so much embryo material of true tissues."*

The treatment of cirrhosis can be but palliative. To restore the compressed and atrophied lung to its normal state is beyond the reach of our skill. Nevertheless, as the above cases show, we can greatly improve the general health and diminish the profuse wasting expectoration. The last history is of much interest, as showing how much may be accomplished in very unpromising, grave, and refractory conditions by steady perseverance in a rational mode of treatment, as well as by seeking out particular agents which may be appropriate to certain idiosyncrasies. We are not, perhaps, always as much alive to the importance of steady perseverance in rational treatment as we ought to be. Our patients, like the Highland chief of whom Sir Ranald Martin tells, want to be cured *immediately*, and soon get fretful and impatient if they are not; and we are apt to give way to their desponding mistrust, especially if we have become leavened with the pseudo-philosophic scepticism of the day. We shall do better if we remember that a morbid process which is in full career, like a railway train, cannot be brought to a standstill at once; that time is absolutely essential to allow remedial actions to be set going—to recreate the lost tonicity of vessels and the excitability of vasal nerves; and that, though improvement is slow to begin, it will proceed in an accelerating ratio as time goes on. It may be laid down as a standing rule that in proportion to the time a diseased state has lasted must be the time necessary to procure its removal.

Lastly, I have one remark to make as to the bearing of the above cases on the view that organic germs floating in the atmosphere have much to do with maintaining the suppurating process in an abscess, or wounded or injured part, to which they have access. If such were the case, how could my patients have recovered, who were expectorating large quantities of muco-pus daily, while the air was admitted freely into their bronchi, without any filtration through cotton-wool or other intercepting medium? We know that charcoal dust, and that of grindstones, does penetrate into the pulmonary air-cells of those who breathe such an atmosphere; wherefore it seems to me a matter of certainty that these germs must do the same. The question as to the utility of carbolic acid treatment does not depend, however, on theoretical considerations, but solely on the verdict of experience.

* In one of Dr. Corrigan's cases it is mentioned that there was no bronchial respiration, but the respiratory murmur over the affected side was very weak, and was replaced by a soft, low, mucous rattle.—*Dublin Jour. of Med. Science*, 1838, vol. xv., p. 277.

AFFECTIONS OF THE THROAT AND LARYNX.

BY A. T. NORTON, F.R.C.S.,

ASSISTANT-SURGEON, AND SURGEON IN CHARGE OF THROAT AFFECTIONS, ST. MARY'S HOSPITAL.

IN 150 consecutive cases of affections of the throat and larynx which came under the care of Dr. Sieveking and myself in the throat department of St. Mary's Hospital, every disease was exemplified with the exception of one or two which are very rarely to be met with. I have, therefore, collected the cases into classes and subdivisions, and described the several symptoms which characterised each disease, together with the treatment adopted and the results obtained. I have also illustrated the diseases by a report of characteristic cases, and of cases which, from complications or from some deviation from the ordinary course of symptoms or treatment, have a special interest. It will be noticed that a large number of cases were complicated with, and probably due to, syphilis; and, therefore, in giving the number of patients suffering from each

* THE LANCET, vol. i. 1838, p. 518.

disease, I have thought it well to add also the number of cases in which syphilis was present.

THROAT AFFECTIONS.

Recognised without the aid of the Laryngoscope, 93:—

		Syphilis.
Inflammation of tonsils, palate, and pharynx	37	1
Hypertrophy of tonsils	24	6
Ulcers of tonsil and palate	19	13
Epithelioma of tonsil, palate, &c.	2	—
Ulcers of tongue	5	4
Psoriasis of tongue	1	—
Dryness of pharynx	3	—
Herpes of fauces, &c.	2	1

Recognised with the aid of the Laryngoscope, 59:—

Catarrh of larynx	14	—
Chronic laryngitis	17	4
Inflammation and congestion of vocal cords	7	1
Ulcers on vocal cords	4	2
Growths on the vocal cords	2	2
Hypertrophy of cords	3	2
Partial paralysis of cords	2	—
Hysterial aphonia	4	—
Anæmia of larynx	2	—
Ulceration of epiglottis	4	2
	152	38
Cases referred to on two occasions	2	
	150	

Inflammation of the Tonsils, Palate, or Pharynx.

Of the thirty-seven cases suffering from this affection, seventeen (nine males and eight females) came with well-marked constitutional and local symptoms of the formation of an abscess. There was a swelling in the region of one or both tonsils, extending either forwards into the soft tissues of the hard palate, or backwards into the pharynx, and in one instance into the substance of the tongue. The swelling was of a pink, red, or bluish colour, very hot and painful, and somewhat hard, with the exception of two cases in which pus had already formed, and which were at once relieved with the bistoury. Swallowing was accompanied by extreme pain. The voice was thick and indistinct, and in many cases deafness was produced upon the affected side by extension of the inflammation to the Eustachian tube. The tongue was white or foul; the pulse increased in rapidity, usually weak, though in some early stages of the affection of greater strength than normal. The inflammation extended in all cases to the pharynx, palate, and uvula, the last structure being usually much enlarged and œdematous. Fever was evident to a greater or less degree. The treatment adopted in all cases was the administration of an emetic composed of antimony and ipecacuanha; and after free vomiting had been aided by copious draughts of warm water, a mixture of carbonate of ammonia and tincture of bark was given three times a day.

The treatment of this class of affections, with the exception of two cases, varied between seven and fourteen days, but the two referred to were complicated by sequelæ, and extended over a lengthened period.

One of the cases, Hester D——, aged sixty-one, wife of a railway porter, attended with symptoms of quinsy, and was treated by the method described. The inflammation, however, was not cut short, and the abscess formed, and burst. Still the tonsil remained of large size, and the tissue around the aperture through which the pus had escaped became phagedænic. The breath was unbearably fetid, and the health of the patient much impaired. A gargle of carbolic acid, and a mixture of bark and ammonia, were ordered. The medicine was continued for a fortnight, and then changed to citrate of iron and quinine. Improvement took place but slowly, but in rather less than two months all throat affection had disappeared. The patient, however, afterwards suffered from a bad attack of dyspepsia, and was treated accordingly.

The second case, John S——, aged thirty-nine, a waiter at an hotel, attended with acute inflammation of the right tonsil. The epiglottis was also much inflamed and thickened. An emetic was given. No abscess formed. At the following visit the acute form of inflammation had subsided to a great extent. He was now requested to use steam inhalations, and also a gargle of chloride of zinc, one grain to the ounce of water; the bowels were kept well relieved. Little or no further progress was made during the next fortnight. In reply to questions, the patient stated that he had had chancres eight months previously, and that they had been followed by an eruption on the face and body, though no spots were at that time existing. He was now placed under iodide of potassium, with an addition of bicarbonate of soda and decoction of chinchona. In a fortnight from this time the throat was much improved, but, at the same time, the sclerotic coat of the right eye became inflamed, and this was followed by an attack of iritis. The treatment now adopted was calomel-and-opium pill, and a continuation of the mixture. The iritis was rapidly overcome, and the pills were therefore discontinued, but bichloride of mercury was added to the mixture. In three weeks from this date he was discharged cured.

The remaining twenty cases of inflammation were in the proportion of eleven males to nine females. The prominent symptoms were redness of some part either of the soft palate, tonsil, or pharynx, accompanied by some dysphagia, but without any marked constitutional disturbance. Among these cases may be reckoned the more characteristic forms of so-called "relaxed sore-throat." In these the throat was hot and dry, and exhibited an increased vascularity, either in the form of general redness, or in the form of dilated vessels crossing the affected part; swallowing produced a tearing or dragging pain, but if the throat were moistened with a lubricating fluid, as acacia mixture, the pain in swallowing was considerably relieved; on pressing beneath the angle of the jaw the tonsil could easily be detected with the finger increased in size. The treatment varied with the amount of inflammation. In those cases in which the submucous vessels only were enlarged, strong astringent gargles were used, as a solution of alum (fifteen grains to an ounce), or a solution of tannin (eight grains to an ounce). Where the tonsil could be felt beneath the ramus of the lower jaw, a liniment composed of six drachms of soap liniment, and three drachms each of oil of turpentine and solution of ammonia, was rubbed into the part. Where the throat was more deeply reddened, or of a bluish colour, or œdematous, hot steaming was advised, and a gargle was ordered composed of one drachm each of tincture of iodine and compound tincture of chinchona to an ounce of water. In all cases a tolerably strong purgative was at once administered, and the throat was brushed over with the pure tincture of iodine.

The duration of these cases was rarely more than a week. In three instances the relaxed condition of the tonsil remained persistent, and in these citrate of iron and quinine was prescribed, and a blister the size of a florin was applied beneath the angle of the jaw, the action of which was immediately beneficial.

(To be continued.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

MIDDLESEX HOSPITAL.

NOTES OF BEDSIDE REMARKS ON THE DIAGNOSIS AND TREATMENT OF AN ABDOMINAL TUMOUR.

(By Dr. MURCHISON.)

THE patient said that he was twenty-seven years of age, a sailor, and had been in tropical climates; that the tumour had appeared suddenly about four months ago, immediately after his having swallowed some very hot drink; that it was neither painful nor tender, and caused him no inconvenience whatever; that it varied in size from time to time and that under the influence of a medicine he had ceased

to take a month since, it had apparently decreased in size, but had since again undergone a slight but steady increase.

The tumour was found to be situated in the left third of the right hypochondrium, and extended thence across the epigastrium. Dr. Murchison said that the first step was to determine its relations. It was ascertained to descend perceptibly during inspiration; hence it did not pertain to the abdominal wall, but must either originate in or be intimately connected with the liver. The next point to be ascertained was its consistence. It was made out to be tense and elastic, and to vibrate very slightly on percussion. These characters were said to point to fluidity of the contents. Dr. Murchison then drew attention to the fact that, unlike most enlargements of the liver which had recently come before the notice of his class, this one did not consist of a uniform enlargement of the liver, but of one portion projecting in a particular direction. This last feature limited the diagnosis to carcinoma, aneurism, distended gall-bladder, circumscribed abscess, and hydatid.

First, then, with regard to *carcinoma*. There was nothing in the physical signs absolutely to contraindicate it, nor was it necessarily excluded from consideration by the absence of pain and tenderness. Indeed, even cancerous tumours of the liver had, within his own knowledge, been so painless, soft, smooth, and elastic, that they had been tapped for fluid. On the other hand, the patient's youth was opposed to the idea of cancer of the liver; while the entire absence of cachexia and the unimpaired general health were quite incompatible with the existence of so large a malignant growth.

Next, as to *aneurism*. Many an aneurism presented less pulsation than this tumour, but the *character* of the pulsation was not aneurismal; it was only a heaving forward, not a general expansion. Then no bellows-murmur was audible over the site of the tumour; and, though it was not unusual for a thoracic aneurism to yield no murmur, yet an abdominal aneurism almost invariably gave rise to bellows-murmur and to pain. The patient's age, again, the pulse, the absence of any evidence of atheroma, and the healthiness of the heart-sounds, were all opposed to the probability of the tumour being an aneurism.

In the third place, the situation of the tumour, the patient's immunity from jaundice, and the absence of any history of biliary colic, relieved them from taking the *gall-bladder* into further consideration.

In the fourth place, was it an *abscess?* The patient had been exposed to climates capable of inducing large tropical abscesses, and such an abscess might exist without the symptoms of pain and tenderness. But against this idea were the facts that there were no history either of rigors or pyrexia, or night-sweats, and also that the patient was not in the least emaciated; and so large an abscess of any internal organ could not possibly exist without the development of some or all of these symptoms.

Lastly, what were the points against the tumour being *hydatid?* They were that the patient was positive that the tumour had appeared suddenly, that it varied in size from time to time, and that whilst he was taking medicine for it it had decreased, and on the medicine being discontinued it had increased again. But, said Dr. Murchison, no great importance could be attached to these statements; they were, in fact, the history often given of such tumours. Patients were in the habit of believing that the tumour suddenly appeared at the moment when an attack of dyspepsia, or some trivial circumstance, first directed their attention to it. The variations in size depended on the distension of the stomach and intestines by food or flatus. The points in favour of hydatid were, the absence of pain, the slowness of growth, and the physical signs.

A fact of considerable interest, Dr. Murchison said, was that a brother of this man had been the subject of hydatid tumours of the liver. One of these had suppurated, and formed an enormous abscess, followed by pyæmia and death. This coincidence suggested the question, whether the hydatids had, in both instances, been derived from the same source. The two brothers had not lived together for fifteen years until two and a half years ago, and the date of the appearance of the disease in the man who died precluded the possibility of the latter having been the date of commencement; so that if the cause had been the same in both cases, it must have been in operation at least fifteen years ago. The long latency which this hypothesis involved, Dr. Murchison said, was not unprecedented; hydatids sometimes remained in a state of comparative latency for a whole lifetime.

As to treatment, nothing could be hoped for from any but such as was local in character. The patient's account of the tumour having diminished under the use of a drug, which appeared to have been the iodide of potassium, could not be relied on. The hydatid was not a part of himself, but a separate being, and could not be affected through his constitution. If the medicine had really caused a diminution in the size of the tumour, it could only have done so by destroying the parasite—a result which was obviously incompatible with the alleged subsequent increase, without any sign of inflammation. The only two modes of treatment which Dr. Murchison felt inclined to entertain were two ways of tapping. The one consisted in the evacuation of the fluid by means of a very fine trocar; the other in the induction of adhesive inflammation of the tissues superficial to the tumour, and then making an ample opening, and eventually allowing the sac to close by granulation. The advantages of the first-mentioned operation were—that, supposing the diagnosis to be doubtful, it would be decided without any harm being done, for few solid tumours, or even aneurisms, were the worse for a fine puncture; that, if the tumour were hydatid, of which Dr. Murchison entertained little doubt, the fluid would be evacuated, and the parasite in consequence killed, while the sac itself would soon shrivel up and degenerate into a putty-like or calcareous mass. In most instances the patient so treated recovered in about fourteen days, without a bad symptom; and although ten or fourteen days after the operation there was often a slight secondary enlargement, this in most instances subsided without any further treatment. The disadvantages of the second operation were, that the treatment would extend over six months or more, and that it would expose the patient to the following risks—hæmorrhage from the surface of the liver, exhaustion from the suppuration, and pyæmia. Where circumstances rendered the latter operation necessary, Dr. Murchison said he endeavoured to guard against these dangers by the free injection of a solution of chloride of zinc (ten grains to the ounce), after withdrawal of the contents of the sac, and by dressing the opening with carbolic oil, and covering it with a curtain dipped in the same preparation, and laying over the whole a covering of tarred oakum. In this case he should decide in favour of the first-mentioned treatment.

In conclusion, Dr. Murchison said it might be argued, that supposing the tumour to have existed for fifteen years, and that during that period it had neither grown rapidly nor caused inconvenience, could interference of any kind be justified? To this he would reply, that as long as it remained the patient lived in constant peril. Hydatids might form elsewhere; suppuration, with all its consequent dangers, might ensue; the tumour might be ruptured by a blow or break spontaneously into the peritoneum, involving fatal peritonitis, or into the pleura, causing pleurisy and empyema, or into the pericardium, or the stomach, or the intestines, or the bile-duct, or a large vein, or even into the kidney. It was to be observed, however, that rupture into the intestine might terminate favourably; also that, as a general rule, if an hydatid burst spontaneously, it was into the pleural cavity; if in consequence of a blow, into the peritoneum. In illustration of the danger of delay, Dr. Murchison referred to two cases. The one was that of a man whose liver is preserved in the museum of St. Mary's Hospital. He had received, while sparring after a meal, a slight blow in the pit of the stomach, and had died within a few minutes of his admission into the hospital. An hydatid tumour, the walls of which had undergone calcareous degeneration, had burst into the peritoneal cavity. The other was that of a domestic servant, who had not had the slightest suspicion of anything the matter with her till the onset of an attack of acute pleurisy, which was found to be due to the passage of the contents of an hepatic hydatid cyst through the diaphragm into the pleural sac.

DREADNOUGHT SEAMEN'S HOSPITAL.

FIVE CASES OF SCURVY.

(Under the care of Dr. STEPHEN H. WARD.)

IN the history of the following cases there are three points specially worthy of consideration:—1. The duration

of the voyage, which was not excessively long. 2. The fact that molasses was given, which article is presumed by some to be eminently antiscorbutic. 3. The fact that lime- or lemon-juice was not given. After admission into the Seamen's Hospital the patients all made speedy and satisfactory recoveries under the influence of good animal and vegetable food, wine and porter, lime-juice, and a chlorate of potash mixture. An extended experience has confirmed the value of the remedy just named for the relief of the scorbutic condition of the mouth, although it does not appear to have any influence in improving the constitutional condition.

P. L——, aged twenty-two; F. F——, aged thirty-five; Oxel S——, aged twenty-one; Lars A——, aged twenty-three; and F. Z——, aged seventeen, five seamen, were admitted into the Seamen's Hospital on the 14th May, in an excessively weak and anæmic condition. In all cases the gums were spongy; the legs covered with large patches of discoloration, and of brawny hardness about the gastrocnemii; pulse feeble, and complexion markedly indicative of the malady under which they were labouring. These patients were all Swedes or Norwegians, and sailed from Gottenburg on the 17th June, 1869. They arrived in Adelaide, South Australia, after a passage of 110 days, stayed there more than three months, and whilst there were victualled on fresh meat every day, with full rations of greens and potatoes. The homeward passage to London was performed in 133 days; symptoms of scurvy appeared shortly after the line was crossed, and before the ship arrived in the Channel, nearly all hands (numbering fifteen) were more or less affected. The diet on the outward and homeward passages was as follows:—Bread, butter, and coffee, 7 A.M.; alternate rations of salt beef and pork, with peas, molasses, and soup for five days during the week, preserved meats (as soup and bouilli), two days, and biscuit *ad libitum*, at noon; coffee and biscuit at 4 P.M.; tea and biscuit at 7 P.M. No lime-juice was given at any time during the voyage.

The above cases afforded a good illustration of the symptoms of scurvy in their more intense form. In one case the gums were so spongy and hypertrophied as to overlap the teeth, and push out and render prominent the cheeks, and in all they were much implicated. In all the cases there were subcutaneous hæmorrhages, either in the form of minute, abundant spots, or of ecchymoses varying in size and number; and in all there were effusions of fibrin, involving particularly the muscles and joints of the lower extremities. The patients also exhibited the characteristic dingy, earthy hue of skin, and the bloodless lips and pearly conjunctivæ, pointing unmistakably to damaged as well as deficient blood-corpuscles.

Dr. Ward remarked that he had recently met with two or three cases of purpura in private practice, which well exemplified the points in common with and the differences between this affection and scurvy. In the purpuric patients there were subcutaneous hæmorrhages, chiefly in the form of abundant fine spots, more or less vivid in colour, and in one patient there was a tendency to free hæmorrhage from the nose and mouth; but the peculiar affection of the gums and the fibrinous effusions were absent. The purpura seemed also to have resulted, not from any protracted special defect in diet, but from mal-assimilation of food, and defective nutrition, induced by depressing mental and moral causes. The treatment which proved so rapidly successful in scurvy did but little good in the cases of purpura.

FEMALE LOCK HOSPITAL.

CASE OF SYPHILITIC PARALYSIS OF THE SEVENTH NERVE.

(Under the care of Mr. J. R. LANE.)

FROM the notes of Mr. F. J. Marshall, the house-surgeon, it appears that the patient, on admission, presented a labial sore, with much induration, of two months' standing, indurated glands in the groin, and a secondary eruption all over the body. She was at once placed under mercurial treatment, and in nineteen days the sore had healed, leaving a well-marked nodule of induration. Exactly forty-five days afterwards, however, the indurated cicatrix became excoriated, and within thirteen days of this event, the sore being ulcerated and irritable, a new, severe, and general crop of eruption made its appearance; but in twelve more days the sore had again healed, and in twenty days more the second crop of eruption had disappeared, and the patient, presenting no remaining trace of disease, was transferred to the Lock Asylum. But here, in the course of a few days, she was ordered three grains of iodide of potassium, very shortly increased to six grains, with a view to relieving the severe pains which had attacked her limbs; and on the twenty-third day from her discharge from the hospital, the face was observed to be drawn to the left side, the patient was unable to close the right eye, and she complained of severe pain in the head, which increased at night, but could not be attributed to any particular spot. She was moved once more to the hospital, where the iodide was continued, and a mustard poultice applied to the back of the neck. In a few days the pain abated somewhat, and became localised. It was chiefly attributed to the right mastoid process, which was tender on pressure, and was said to extend round to the back of the head. The pain and symptoms then steadily decreased, and when the patient was last seen, about seven months from the appearance of the indurated sore, and eighteen days from the onset of the paralysis, she appeared to be in perfect health, and was about to be discharged. There occurred no alteration of sensation in connexion with the paralysis.

We append Mr. Marshall's summary of the case:—Jan. 21st, patient admitted; Feb. 9th, sore healed; March 26th, cicatrix excoriated; April 8th, fresh crop of eruption (sore ulcerated and irritable); April 20th, sore healed again; May 10th, eruption gone, and patient discharged to asylum; May 19th, pains in limbs (iodide of potassium, three grains); May 25th, iodide of potassium, six grains; June 2nd, paralysis; June 8th, pain localised; June 20th, patient last seen, and apparently in perfect health.

Reviews and Notices of Books.

Lectures on Surgical Pathology, delivered at the Royal College of Surgeons. By JAMES PAGET, F.R.S., D.C.L. Oxon., Serjeant-Surgeon Extraordinary to Her Majesty the Queen, &c. Third Edition. Revised and edited by WILLIAM TURNER, M.B. Lond., Professor of Anatomy in the University of Edinburgh. pp. 850. London: Longmans and Co. 1870.

AFTER a lapse of seven years, another edition of this excellent work has appeared, edited, like the last, by Professor Turner. These lectures are so well known, and so thoroughly appreciated by the members of the profession, that it would be superfluous to say anything as to their general merits, and it will therefore merely be necessary to indicate what changes have been introduced into the present edition as compared with that issued in 1863, and what additions have been made.

The lectures on Nutrition have not undergone any material alteration, with the exception of that portion bearing upon the "influence of the nervous system," which has been to a great extent rewritten, and much that was formerly in notes has been introduced into the body of the work. The mode in which the nervous system acts is fully considered, and evidence given that it not only affects the bloodvessels, and thus influences nutrition, but that it has also a direct action on the proper tissues of a part. Proof is likewise given that it is *disturbance*, and not mere *defect*, of nerve-force which induces morbid nutrition. The author alludes to the opinion held by some that there are distinct "trophic" fibres in nerves.

There is nothing in the lectures on Hypertrophy and Atrophy calling for special notice, except that in connexion with the latter some important instances of degeneration are brought forward, such as the calcification of muscular fibres and of epithelial cells. Additional cases are mentioned, in a note, of mollities ossium, and an allusion made to the observations of Mr. Durham, that in this affection

"the bone-cells increase in size, and that there is often a widening of the canaliculi." Some very important observations of Dr. Dickinson are also recorded with regard to the structural changes in nerves after amputation, as well as in the part of the cord from which they spring.

In connexion with the subject of the repair of injuries, some theories which have recently attracted much attention come under notice. Thus, in speaking of the injurious effects of the atmosphere upon open wounds, these are attributed to the "organic germs" floating in it. Again, in considering the organisation of a blood-clot, changes are described in the white corpuscles entangled in it, which, it is supposed, may become the corpuscles of the connective tissue, ultimately occupying the place of the coagulum. With regard to lymph, it is remarked: "The opinion has been gaining ground that the part played by the lymph in the repair of injuries is merely passive, that an organisation of the coagulated fibrine of the lymph does not occur, and that the new-formed connective tissue is produced from and by the agency of the tissues of the part in which the wound or injury has occurred."

In treating of the formation of callus for the repair of fractures, prominence is given to the part which the periosteum takes in this process, and in a note experiments are alluded to which corroborate this; but the author adds, that "probably the connective tissue generally around the seat of repair may assist in the reproduction of the new osseous tissue."

In the lecture on "The Healing of Injuries in various Tissues," allusion is made to recent observations, showing that a new formation of striped muscular fibres may occur, both when a muscle is wounded and when it is the seat of suppuration. A brief notice is given of the modes in which an artery is closed after acupressure or torsion, and some additional remarks are made on the changes which take place in the clot deposited where a ligature is applied.

Some important alterations and additions have been made in connexion with the lectures on Inflammation. That on the Phenomena of Inflammation has been considerably changed in its arrangement, and much of it written anew. In a footnote the author gives a *résumé* of the views held with regard to the "migration" of the blood-corpuscles, and alludes to the former observations of Addison and Waller, and to those made more recently by Cohnheim and others on this subject.

The part devoted to the Products of Inflammation has been also, to a great extent, rewritten; and "corpuscular lymph" receives fuller notice, its formation on the surface of serous membranes, and in muscles, &c., being described. Remarks are made, both in connexion with the structure and the products of inflammation of mucous membranes, as to the origin of the corpuscles, whether they are produced by the "proliferation of the nucleated corpuscles of the tissue of the inflamed part," or by the "migration" of blood-corpuscles. The author seems to incline to the former view, as explaining their principal mode of origin.

In describing the Development of Products, it is observed that non-striped muscular fibres are sometimes formed in inflammatory lymph; and among the "degenerations" the author alludes to what he terms "residual abscess," formed in or about the residues of previous inflammation. The "signs" of inflammation are treated of more fully in this than in the previous editions.

No alteration is made in the lectures on Mortification, except that reference is made to a condition to which the name "suspended animation" is applied, which is illustrated by a frozen part, or one rendered insensible by the ether spray.

Coming now to Tumours, the classification of these is similar to that in former editions. With respect to the modes of origin of simple cysts, the opinion of the author is evidently changed as to that which is the most frequent. In the last edition the greater number of cysts were traced to the "enormous growth and expansion of new-formed elemental structures, having the characters of cells or nuclei, which pursue a morbid course from their origin, or from a very early period in their development." In the present one it is stated that the majority are formed by "the dilatation and growth of natural ducts or sacculi." Further description is given of the structure of cysts, while various special classes of cysts, such as those in the neck, synovial, mucous, and seminal cysts, receive fuller notice; and dilatations and cyst-formations in connexion with the Fallopian tube and broad ligament are mentioned.

The portion devoted to Compound Ovarian Cysts has been largely rewritten, and the recent views as to their origin from "morbid changes in the Graafian follicles" stated, reference being made to the observations of those who have studied this subject.

In connexion with Epidermic Cysts, allusion is made to those recently described by Guyon and Thierry in connexion with the mucous membrane of the palate and gums of young children.

In considering Fatty Tumours, reference is made to cases in which pain and weakness were associated with them, and to one, recorded by Mr. Curling, in which recurrence of a fatty tumour took place.

Several changes and additions are to be noticed in Lecture 24. Some portions of it have been rewritten, and new cases introduced. The consideration of Painful Subcutaneous Tumour has been transferred from this lecture to the next, where it is described in connexion with Fibrous Tumours; a short account is given of some forms of tumour recently described—namely, myoma, or mucous tumours; glioma, found in nervous centres, especially the brain, sometimes in the auditory nerve and retina; and cylindroma, characterised by the presence of peculiar cylindrical structures. The author observes that "these are not indicative of a distinct and special kind of tumour, but may exist in tumours which occur in different regions of the body, and which may be entirely innocent, or recur in the scar after operation." Hydatid Mole is also treated of in this lecture, whereas it was formerly described in Lecture 23, as "cystic degeneration of the chorion." The various theories as to its mode of origin are mentioned.

There is very little alteration in the lecture on Fibrous Tumours except, as mentioned above, that "painful subcutaneous tumour" is treated of here. Fibro-muscular tumour (myoma of Virchow) receives a more distinct recognition, which is found especially in the uterus, but also sometimes at the lower end of the œsophagus, in the stomach, intestines, and prostate gland. With regard to the recorded cases of fibrous tumours in voluntary muscle, the author thinks these are probably new formations of syphilitic origin. In considering cartilaginous tumours, it is mentioned that these are sometimes produced by simple outgrowth from pre-existing normal cartilage, named "ecchondroses" by Virchow. Osseous and myeloid tumours change places, the former being described first, but there is nothing important added to the previous information with regard to these tumours.

Lymphoid tumours are described in the lecture on Glandular Tumours. They are stated to be "new formations, in their essential nature composed of corpuscles, like the round pale corpuscles that form the characteristic cell-elements of the lymphatic glands." Under this class of tumours are included enlargements of the lymphatic glands from hypertrophy, tubercle or scrofula, growths in con-

nexion with the so-called "adenoid tissue"; also in various organs, as the liver, kidney, spleen, &c., and in the mediastinum.

Under Erectile Tumours the "lymphatic cavernous vascular tumours" are alluded to, formed by the dilatation and new formation of lymphatics. Also papillary tumours, or papilloma, which are found on the free surface of the skin, mucous, serous, or synovial membrane, and produced by the hypertrophy of normal papillæ, or as new growths.

As a proof of the thorough manner in which subjects of Recurrent Fibroid Tumours and Cancer were worked out in previous editions, it is to be remarked that there is scarcely any change or addition to be noticed in the present one. Some additional cases are recorded, and reference made to Mr. Baker's statistics in connexion with cancer. In considering the pathology, some additional remarks are made on "inherited cancer"; and the development of cancer is examined afresh with reference to the recent views on this subject.

The lecture on Tubercle has been entirely omitted from the present edition; some of it, however, being introduced in the description of lymphoid tumours.

Much that was in the last edition in notes has now been introduced into the body of the lectures; many additional cases and pathological specimens are referred to in connexion with various subjects, and several new diagrams are given. The references to authors have been greatly extended. The entire work thus shows evidence of the careful revision it has undergone by Professor Turner from the pathological, and by Mr. Paget from the clinical, point of view, as announced in the preface; and the result fully justifies the hope therein expressed, "that, whether for doctrine or for practice, the lectures will be deemed better than they were."

REPORT
OF
The Lancet Sanitary Commission
ON THE CONDITION OF
WELLINGTON COLLEGE, WOKINGHAM.

WELLINGTON COLLEGE enjoys the great advantage of being specially constructed for a public school. It is admirably situated on the lower Bagshot sands, which have been rendered firm and dry by thorough drainage of the brick-earth underneath. There is hostel accommodation for 300 boys, and about 30 are lodged in the private houses of the masters. The class-rooms are light, cheerful, and well ventilated. They are warmed partly by hot water and partly by open fires. These apartments contrast most favourably with the dismal, dirty, cold, and cheerless places in which the *élite* of the aristocracy are usually taught. The furniture is positively domestic in its character; and the walls are decorated with prints and instructive model maps. The pupils have thus afforded them in their leisure moments an enjoyable alternative to cutting desks and writing names upon the walls. Indeed, the authorities seem to lose no opportunity of making school, as regards the furniture, as much as possible like home. In the quadrangle, a set of meteorological instruments have been committed to the special guardianship of the boys.

There are ten dormitories. Each room is 105 feet long, 28 feet wide, and 12 feet high. It is divided by wooden partitions into fifteen cubicles on each side. A common corridor runs down the middle of the room. Each cubicle has an area of 10 ft. by 7 ft., and is provided with a separate window. The partitions are 8 feet high. There is an open bedstead, a washstand, chest of drawers, table, and seat in each room. When the College was first opened attempts were made to maintain the furniture in this simple form; but the destruction was immense. The boys are now permitted to furnish to their own taste, and it is extremely interesting to observe the care universally bestowed upon their decoration. The cubicles are also used as studies. Each dormitory is placed under the charge of senior boys called "prefects," who have considerable authority and responsibility as regards quiet and discipline, and all are under the special supervision of a tutor. Outside the dormitory door is a bath-room, in which also there is a supply of water, and a sink. The latrines and urinals are outside the building, and protected by double doors. The boys are attended by a man servant, who brushes their clothes, makes their beds, sweeps out the corridors and cubicles, and waits at table in the dining-hall. A female is hired to scrub the floors twice a week. These officers are under the supervision of the steward and matron.

The dormitories are lighted by gas. They are warmed and ventilated by a special apparatus. The air is warmed in the basement, and delivered by flues through openings in the floor of the central corridor. It is extracted by means of a coke fire kept up continually at the top of the building. The extraction shafts communicate with a long wooden chamber placed on the floor, and having numerous small openings into every cubicle. It is reported that the temperature is tolerably uniform, and that the air is pure and wholesome in the early morning. The great and, as we believe, unanswerable objection to this plan is that it is purely artificial. Should the stoker of the coke extraction fire neglect his duty for a single moment, the ventilation necessarily stops. It was thought to obviate this difficulty by using gas; but it was found that the extraction force thus obtained was not sufficient. The danger of stagnation is also increased by the circumstance that the artificial current can only be maintained with regularity when the windows and doors are closed. The foul air is not extracted at its natural point; and it seems to us all but impossible to take away the products of gas combustion or the exhalations of the lungs by openings near the floor. Moreover, there must always be great difficulty in securing an equable distribution of the extraction power. An open door or window placed near the extraction flue would probably destroy the pressure at a more distant point, in which case there would be an immediate accumulation of foul air. It is, therefore, more than probable that the action of this system is neither so uniform nor so satisfactory as is generally supposed. Fortunately for the boys, they have abundant windows and ample cubic space. The College is, also, much exposed: the wind blows freely through the dormitories spite of doors and windows.

In the original building the provision for sickness was extremely bad. In 1862 the sanatorium was built; and in 1865 it was enlarged, with the object of providing special wards for infectious cases. On the whole, it is not by any means perfect in a sanitary point of view. There is one good ward; but even into this the waterclosets and lavatory open directly. Whilst elsewhere there are long crooked passages, which are liable to become reservoirs of infected air.

The dietary is extremely liberal. There are four meals daily. The consumption of meat averaged 14·66 oz. per head per day; of bread, 16·6 oz.; of butter, 1·46 oz.; and of beer, 1·1 pints. The meat is sent down from London. Two tables daily are supplied with hashed meat or curry. Cold meat is served on Sunday, and in the summer time. The consumption of milk is upwards of half a gallon per head per week. Plum-pudding is served on Sunday, and other puddings every day. On Wednesday and Saturday, during winter, soup is given at dinner. In the winter beet-root is served with cold meat, and in summer fresh salad. Greens and potatoes are supplied in unlimited quantity. In summer salad is served also at tea-time. The supper consists of bread and cheese and beer, and

extra beer is allowed when cricket or football is going on. In the matter of diet there is a great advantage in the thorough isolation of the school. The boys cannot run into the town and stuff themselves with unwholesome food. The steward sells eggs, cold meat, jam, corn-flour, and milk at cost price, and with these the boys occasionally prepare extra suppers in their rooms. The "tuck shop" is closed until after dinner.

The general appearance of the boys is remarkably robust and healthy. They are certainly broader and more thick-set than boys we have observed elsewhere. This is the more remarkable as a large proportion were born in India, and were sickly-looking when they arrived.

Every case of indisposition, however slight, is sent to the sanatorium, where there is an average of only five cases under treatment. Of these four at least do their ordinary school work.

Every care is taken to exclude infectious disease at the commencement of the terms. A certificate is required from the parents that there is no infectious disease in the family or neighbourhood. It would be an improvement to make this certificate indispensable, and have it signed by a medical man. The College has suffered very little from these diseases. There were in

	Scarlatina.	Measles.	Fever.
1859	0	0	0
1860	0	40	0
1861	0	0	0
1862	0	0	0
1863	10	0	0
1864	7	23	0
1865	0	0	2
1866	0	58	0
1867	0	0	0
1868	8	68	0
1869	3	2	—
1870	5	0	0

Diarrhœa prevailed in the summers of 1865 and 1867. The scarlatina appeared in the school only when prevailing in the neighbourhood, and no case was referable to local infection; showing that the means of isolation, although less perfect than elsewhere, were still sufficiently effective. In 1863 there were never two cases under treatment at the same time. There have been no deaths from zymotic diseases, and only one case of dropsy after scarlatina. In the twelve years there have been only three cases of congestive pneumonia and seven of rheumatic fever. In two of the latter the heart was affected, but the recovery was complete. No boys have ever been sent away in a dying state. There have been a few serious accidents, and in one case amputation of the foot was advised, but, in deference to the opinion of the medical officer, who expressed his confidence in the reparative powers of the boy and the pure air, the limb was saved, and the patient is now in her Majesty's service.

The sewage is conveyed to a tank in which a process of upward filtration is carried on. This was designed by the late Prince Consort, and is similar in principle to one erected at Osborne. It is about four hundred yards from the main building, and after filtration the sewage is distributed by irrigation over about nine acres of land, which, from being formerly an unproductive heath, is now converted into a most luxuriant garden. The medical officer has complained of the proximity of this irrigation to the College. There is, undoubtedly, some smell, and he attributed to this the diarrhœa which had occasionally prevailed. The tank had been cleaned out a day or two before our visit, and as it is large enough to contain the sewage of several days, there was at the time no outflow. This detention was probably the cause of the whole mischief. The sooner sewage is distributed on the land the less danger there is of decomposition and unwholesome exhalations. The filtration is of no value in itself, since it does nothing but remove solid matters likely to choke up the carriers. This would be quite as easily effected in a tank one-third of the size, with sieves of gravel, such as are recommended by Mr. Rawlinson. The sewage would then be directed at once upon the land, and would be absorbed without producing smell.

The racket court, cricket ground, bathing and skating ponds, are all that can be desired, as are also the library and chapel.

There is no provision for teaching physiology or hygiene, a matter to which we shall refer in future reports.

On the whole, the sanitary arrangements and state of the boys at Wellington College must be pronounced extremely satisfactory. It would, however, be most desirable to have the ventilation properly and rigorously tested, and the state of the air in the various dormitories and cubicles accurately ascertained. We are so deeply impressed with the advantages resulting from female supervision, and the great objections to the exclusive employment of male attendants, that we venture to urge some change in this respect. There should be a lady-superintendent for every sixty boys, with a maid-servant instead of a man, and it would be of the highest advantage if they were provided with apartments on the spot. Such persons might readily be obtained and they would exercise the healthiest influence upon the boys. A touch of "chivalry" lies at the bottom of true manliness, and if boys are not completely manly it is not difficult to suppose that they may become something infinitely worse. The value of such superintendence would be felt also in cases of simple indisposition, and in the early detection of disease. The dormitory would be, by such influence, changed from a barrack to a home.

PROFESSOR HUXLEY ON MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—I must ask you to insert a few words in answer to Professor Huxley's reply to my comments on his remarks upon the teaching of physiology in the medical schools of London.

Professor Huxley, in his address at University College, complained of "the unreality, the bookishness of the knowledge" of the students who had appeared before him in his capacity of examiner in physiology at the University of London. In another part he says that what had struck him in his long examinership experience with these students was "taking it as a whole, and broadly, the singular unreality of their knowledge of physiology." According to Professor Huxley, the state of things which he complains about is to be attributed to the defective teaching of physiology at the medical schools. I sought in my reply to point out that students, in getting up for an examination, endeavour to shape their knowledge to what they conceive to be required, and that if they have displayed the kind of knowledge represented by Professor Huxley, it is because they believed such knowledge was wanted.

After making the complaint that he has done, Professor Huxley now comes forward, and with the aid of figures supplied by Dr. Carpenter, the Registrar of the University, shows that physiology is a subject in which the men, as regards result, have stood exceedingly well. Thus, it is stated that "out of 156 candidates who came up for the entire examination in the five years 1865–69, only *one* (the emphasis by italics is not mine) was rejected for his want of knowledge of physiology, when he would have passed in all the other subjects. And, taking the average of the five years, the number of cases in which the physiological examiners have seen reason to concur with their colleagues in rejecting candidates does not amount to more than 17 per cent. of the total number. Of the candidates who have been examined in physiology only, the number rejected amounts to about 19 per cent., or nearly the same proportion."

Taking, then, Professor Huxley's address and letter together, in one place we have a "singular unreality" of knowledge of physiology complained of, and in the other it appears that in this subject the candidates have acquitted themselves comparatively so well. Men will ask, Is it that Professor Huxley's outcry was framed for the sensational delectation of his audience at University College at the expense of the teachers of physiology, or has he been satisfied in his capacity as examiner with the unreal knowledge he has complained about; satisfied, indeed, to such an extent that physiology occupies the favourable position which has been represented in the numerical results? I commend this anomaly to the consideration of Professor Huxley.

I am, Sir, your obedient servant,

Grosvenor-street, June 29th, 1870. F. W. PAVY.

THE LANCET.

LONDON: SATURDAY, JULY 9, 1870.

TRUTH will out. The Government does not think that the Medical Council can be improved, or that it should be altered. The discussions in the House of Lords, ending in the third reading of the Bill, though resulting in none of those concessions which the profession maintains to be essential, has been of the very greatest service in showing to the profession that there is no sincerity in the representation constantly made that the Government do not touch the question of the Council now because the time is not convenient. Lord DE GREY is dead against representing the profession in the Council. He thinks that, as the Council is executive only in its functions, as it now represents what he is pleased to call "the intelligence of the profession," and withal is rather too numerous than otherwise, the addition of direct representatives would be a change from which neither the public nor the profession would derive advantage. As in the case of the Education Bill, the only support to these despotic notions of the Ministry came from the front Opposition bench. Lord SALISBURY objected to direct representation because, forsooth, he had not heard that any of the more eminent members of the medical profession were anxious for the proposed change. We do not know what constitutes eminence in the estimation of his Lordship. But we should like to see him think a little more of the opinion of 10,000 educated men, and a little less of the eminence that is implied in holding office in corporations; for, in truth, this is the chief eminence of the opponents of direct representation.

But the discussion in the House of Lords has other value than that of showing the profession that it has an enemy in the Government. It has shown that it has friends of no mean importance in the House of Lords. When men like Earl GREY, Lord LICHFIELD, and the Marquis of CLANRICARDE can so clearly and ably state the justice and the policy of giving the profession a direct representation, we may be sure that the redress of the intolerable grievance of non-representation is only a matter of time. These Lords most explicitly expressed their opinion that the profession ought to be directly represented in the Council; and both Earl GREY and Lord LICHFIELD suggested one way of making room for such representatives, by linking together the representation of the examining bodies, as is actually done, under the Act of 1858, with the Scotch universities, with their enormous number of graduates. We are beginning to see clear sky in this matter. The corporations are over-represented; the profession is not at all represented. These evils must both be remedied. And by remedying them together we obviate an increase in the number of the Council. It is extremely to be regretted that the noble Lords who on Tuesday evening put so ably the case for direct representation, did not take action sooner, and on the occasion of the second reading of the Bill. But better late than never; and the friends of the profession in the House of Commons will fight this essential point with much greater effect because of the discussion of it in the Upper House.

The battle must be fought in the House of Commons. And the issue will depend upon the behaviour, at this critical moment, of those members of the House who are supposed more particularly to represent the medical profession. It is not for us to prejudge any of these gentlemen. We shall only say that they have rarely to take action on a matter upon which their medical constituents feel more acutely, and will judge them more critically.

Let us try to clearly state the nature of the Bill coming down to the House, and the feeling of the profession concerning it. It is a Bill to abate the scandal of nineteen examining bodies competing with each other in the licensing of students. It deprives all the bodies alike of their power to give licences to practise medicine. But by the omission of the 18th Clause of the Lord President's original Bill it leaves these bodies in possession of the power of granting all the qualifications they have been in the habit of granting, except that of licentiate. These qualifications will not, indeed, admit to the Register; but it is vain to deny that they would admit the possessors of them into the profession. And it is only too conceivable, in the light of past experience, that many of the bodies may part with their qualifications on very easy terms. The one-portal principle ought to be reasserted in the Bill. In other words, the original 18th Clause ought to be restored. The interests and dignity of the universities are very important; but they are very inferior in importance to the interest of the public in the matter of this 18th Clause. The Conjoint Board is still to be made up mainly of corporations interested in passing large numbers. Still it will have some special supervision which will tend to secure effectiveness of examination. It will virtually be a State Board; and the State is at perfect liberty, in its own interest, to enact that no one shall receive any medical title or qualification till he has passed its examination. Clause 18, then, should be restored.

Then comes the great question of the General Medical Council. The Government irritates, if it does not insult, the profession by arguing that it has nothing to do with the Medical Council. But the profession pays entirely for the Council. The Council can, with the power of judge and jury, erase any practitioner's name, if it thinks that he has been guilty of disgraceful conduct. Not only so, but, under this Bill, it will have the serious power of adding the names of foreign graduates to the Register without examination. The greatest duty of the Council is to construct such boards as will provide the country with good general practitioners. Finally, the Council sits at a cost of £1000 per week, and its sittings under this new Bill will probably be frequent and long. If such considerations do not show that the general practitioner has interest in the Council we give up arguing the point. The profession is all but unanimous in thinking the corporations over-represented, and itself injured in not being represented at all. It cannot trust a Council made up mainly of interested corporations to do justice either to the public or to itself. And it would rather

see this very faulty Bill postponed than the great question of medical reform shelved by it for years to come. We have good reason to know that sensible members of the House of Commons see the matter as we see it; and if they cannot help us to mend this Bill, they will help us to throw it out.

MANY years have elapsed since a general staff system was first advocated in this journal as the basis of organisation for the Army Medical Service. The number of those who were favourable to the principle for which we then contended were so few that they might almost have been counted upon the fingers. Since that time things have changed a good deal; but the anticipation of the advent of a new warrant, and the appearance of a favourable leading article in the *Army and Navy Gazette*, have created a kind of ferment. Regimental medical officers regarded our military contemporary as a sort of BALAAM, ready to come out and curse a scheme which they regarded as so inimical to their interests; and its blessing it at all, though not altogether, gave rise to sorrowful surprise.

The popularity or not of a proposed change is, no doubt, a subject well worthy of consideration, especially where the efficiency of a department will depend upon the manner in which it may be worked. There can be little doubt, we imagine, that those who are favourable to the general staff system of organisation are far outnumbered by those who are opposed to it, and favourable to the continuance of the present mixed system of administration. The *Army and Navy Gazette* last week devoted a considerable part of a supplement to this question; and we may therefore take up as our parable the various communications that appeared in that journal. It is needless to go over the old ground again; but we may usefully discuss some points which seem to us to have been lost sight of or misunderstood. Regimental officers generally consider that the movement in favour of a general staff system originated at Netley, and that its development was rather to be ascribed to the ambition of those who desired above all things the aggrandisement of the head-quarters of the Army Medical Service. Be this as it may, no amount of zeal on the part of any section of the department would have sufficed to bring about such a change, unless financial considerations had lent an impetus to their views. As to the origin of the late movement, there is, we believe, no mystery. The demands of the service had been for some time pressing very heavily on medical officers, many of whom had to return to a tropical climate after very short periods of service at home. Sir GALBRAITH LOGAN, finding, moreover, that the Indian Government insisted upon the requirements of the British Medical Service in India being met, and that all vacancies should be filled up with the least practicable delay, made an application that the strength of staff-surgeons at his disposal should be increased. To this the authorities naturally objected, suggesting at the same time that it was possible by a different system of administration to meet the demands made upon the department. The mixed system pursued in our army necessitated that medical officers returning sick from abroad should be removed from their regiments if they did not speedily recover; such a system did not assimilate with the spirit of this age, nor harmonise with those reorganisations which had taken place in the armies of the continental or American nations; and the reforms of the Naval Medical Service consequent on the report of the late Committee clearly indicated the direction in which a Liberal Government was bent on moving. The time having arisen for action of some kind, nothing remained but the abolition of the mixed system, and the substitution for it of something like a general staff system. It is notorious that there are many very able and experienced officers, whose interest in the welfare and efficiency of the service cannot be doubted, who believe that such a change will effect a great improvement in the way of redressing many of the present inequalities and hardships affecting staff-surgeons—in strengthening the hands of the medical officer, in saving his pocket, and increasing his professional and scientific status—and in giving, at the same time, increased power, efficiency, and mobility to the department as a whole. We confess that, all things considered, we agree with them, and for the reasons we have previously set forth. Surgeons to regiments there must, of course, always be; and under the proposed system they are to be appointed for five years—longer, be it understood, than the average period during which medical officers now continue with their regiments. As to the evils that have been found to attend the general hospital system, these, as far as the wounded have been concerned, ought to be ascribed to the old practice of putting men into large hospitals, so that a large number of surgical cases were placed either in the same ward or beneath the same roof. A hedgerow or ditch was preferable to this for a wounded man; but it is almost needless to remark that large hospitals in this sense are unnecessary. The Americans had a general staff and general hospital system; but their hospitals were made up of different buildings or wooden structures, perfectly separate and detached from one another; and their success has probably not been equalled, certainly never surpassed. That a great deal may be urged in favour of the regimental system, and that it numbers among its admirers many men for whose opinion we have every respect, cannot be denied. Administration ought not and cannot be based, however, upon considerations of sentiment. The question is—What is practicable, and what is best?

IT has been the lot of Professor TYNDALL, by his lecture on Dust and Disease, to excite or to quicken in the public mind an interest about a scientific problem of the deepest importance, but of such a nature that, until then, its very conditions were known only to the scientific. It has since been discussed, with more or less display of ignorance of these conditions, by a large proportion of the general press. Amid or beneath all this turmoil, and quite independently of it, the work of real investigation has been going on; and Dr. CHARLTON BASTIAN has put forth, in *Nature*, what is perhaps the most important contribution yet made towards the solution of the great question that really underlies all controversies about germs. That question is, to determine whether there is any line of demarcation between animate

and inanimate matter—any essential difference between vital and merely physical properties—any such thing as life except as the sum of actions depending upon forces that are strictly correlative with motion, and that, like heat or light, are merely the expressions of the conversion of motion under given conditions. Dr. BASTIAN himself states the problem by comparing the commencement of a low organism to the commencement of a crystal; and argues that we have no more reason to infer the pre-existence of a germ in one case than in the other. He details an elaborate series of experiments, seemingly performed with all due care, and showing, as far as they go, that low forms of life become developed in organic fluids without the presence of air, absolutely *in vacuo*, and in fluids that have been previously raised to temperatures that are universally admitted to be destructive to the vitality of all known germs. And not in organic fluids only, but in saline solutions, and in saline solutions containing no carbon, and in which that element has been replaced by silicon. Such results, when the experiments producing them have been properly repeated and tested by other observers, will go far to strike at the root of whole systems of thought that are at present cherished by large numbers of earnest people. And yet, as we have often had occasion to maintain, the doctrine of germs, and especially of the germinal orgin of disease, almost requires the doctrine of spontaneous generation as its complement. A germinal theory may serve to explain the occasional rapid or extensive diffusion of epidemics; but it encounters overwhelming difficulties when called upon to explain their commencement. The facts of life point almost irresistibly to the conclusion that epidemic diseases may originate *de novo* from certain combinations of conditions; and it is hardly possible to believe that the germs of all past or present pestilences were coeval in their beginnings with the peopling of the earth by man; and yet, if not, and if these pestilences do indeed depend upon living and organic self-multiplying poisons, the doctrine of spontaneous generation would be at once established. The conditions which called such poisons into existence must be themselves capable of precise repetition; and, the cause being present, the effect will surely follow. To our minds, this mode of considering the question gives to sanitary work a far higher aim, and a far more definite object, than it would otherwise possess; and points to the permanent maintenance of a high standard of physical and moral cleanliness as the only means of preserving a high standard of public health. We do not, of course, in any way pledge ourselves to the correctness of Dr. BASTIAN'S conclusions; but we desire to call the attention of our readers to their importance, and to the original paper in which they may be found. Dr. BASTIAN has a work upon the subject in progress; and his papers in *Nature* may be regarded somewhat as pilot balloons, sent up to show him the directions in which his views will be criticised, and the nature of the attacks to which they will be subjected. We confess to a hope that they may hereafter be proved to be true. Their complete establishment would greatly simplify some of the most difficult of the problems by which life is beset; and would confer lasting fame upon an earnest and truth-seeking worker.

As we anticipated, the election on the 4th inst. to the Court of Examiners resulted in the return of Mr. HILTON for a second period of five years. The Council has in this matter shown how little regard it has to the wishes of its constituency, and how little confidence is to be placed in protestations wrung from its members by wholesome fear. In justice to Mr. HILTON it should be mentioned that immediately after the election he stated that he should be prepared to vacate the office if the Council should wish him to do so in order to facilitate new arrangements; but, nevertheless, we think it right that the Fellows and Members should know, as far as can be ascertained, how the ballot went. Of the twenty-four members of the Council, only eighteen were present, Messrs. SWAN and THOMAS PAGET having resigned, and Messrs. COCK, QUAIN, TURNER, and HUMPHRY being absent. Of the gentlemen present twelve voted for Mr. HILTON, three for Mr. HANCOCK (the next in seniority on the Council), two for Mr. SAVORY, and one for Mr. HOLMES. We believe that we shall not be far wrong in saying that the twelve votes for the outgoing member were given by himself and his colleagues in the Court of Examiners (with probably one noteworthy exception), aided by those senior members of the Council whose direct interest it is to preserve things *in statû quo*. The votes for outsiders were doubtless due to well-known reformers in the Council, whilst the three votes for Mr. HANCOCK we regard as a well-meant but futile attempt to break through the custom of re-election, whilst preserving the descent in the direct line.

Mr. QUAIN was absent, his absence being doubtless due to a knowledge that at the last moment Mr. CÆSAR HAWKINS had declined to be put in nomination for the office of representative in the General Medical Council, and that he was likely to be proposed as Mr. HAWKINS'S successor. We need say nothing further on this matter, however, at the present moment, as the election was postponed to the next meeting of the Council, on the 14th inst., except to express a hope that Mr. QUAIN is prepared to contest his seat if he should be elected. We merely allude to his absence because it affords us the gratification of congratulating him on taking no part in giving a contradiction to the statement which he thought fit to make to the Fellows and Members on April 22nd. After vehemently denying that the Council had swerved from a resolution adopted immediately before the first meeting of the Fellows and Members, Mr. QUAIN said "it should be mentioned that at the last meeting of the Council a motion was carried that the examiners in anatomy and physiology should in future be different from the examiners in surgery." We ask, where are the fruits of this resolution, if it ever was passed, and where are the examiners in anatomy and physiology?

Mr. BUSK complained, at the last meeting of the Fellows and Members, of the constant agitation against the Council of the College of Surgeons. Is it wonderful that agitation should continue when men are found so ready to adopt a retrograde movement as the majority of the Council have now shown themselves? Mr. BUSK is apparently one of those gentlemen who were recently alluded to in the House of Commons as objecting, under the name of agitation, to any discussion which seemed to be going against themselves.

Nevertheless, we shall continue to discuss and agitate, if necessary, until the required reforms in the Court of Examiners of the College of Surgeons are carried out.

Medical Annotations.

"Ne quid nimis."

THE BILL AND THE HOUSE OF COMMONS.

THE Medical Bill, having been read a third time in the House of Lords, will be immediately discussed in the House of Commons, where it has always been apparent that the real questions of medical reform must be decided. The two great points of it are the reinsertion of the original 18th Clause and a reconstitution of the General Medical Council. These points are discussed in another article. Our object here is to urge upon every medical man to immediately communicate with his representative in Parliament, asking him to do one of two things—either to support measures which, we have reason to think, will be taken to effect the above objects, or to vote for the throwing out of this insulting Bill. Not a day must be lost. The common sense of the members of the House of Commons enables them very readily to perceive the force and justice of these two points. Delay may be fatal to the hopes of medical reformers for a dozen or a score of years.

POST-MORTEMS AND DISSECTIONS.

SCARCELY a month back we had occasion to remark upon some vulgar errors in connexion with the customary post-mortem examinations at our hospitals, and we regret to have to refer to the same subject again in consequence of the occurrence of a scandal at Guy's Hospital, and the foolish remarks made thereupon by some members of the daily press. The facts are simply that a post-mortem examination was made in due course, and in the complete manner customary in every well-conducted pathological theatre, on the body of a man named Millburne, in Guy's Hospital, without the express permission of the relatives having been previously obtained. Thereupon the son summoned Dr. Steele, the superintendent of Guy's, before Mr. Benson, under the Anatomy Act, "for unlawfully causing the body of Samuel Millburne to undergo anatomical examination without the permission of the person having legal possession of it." Upon this the *Daily News* (which we have always regarded as a respectable high-class journal, but one which has recently shown a tendency to "run a muck" against doctors on the smallest provocation) had an indignant article on the subject on Tuesday last, in which all the forgotten horrors of body-snatching days are paraded for the delectation of its readers, and in which most erroneous statements are made. The *Daily News* says that "the Anatomy Act provides that 'it shall be unlawful for hospital authorities to dissect a corpse which has died in their institution, without the consent of the parties having legal possession of it,' and enacts further that no post-mortem examination shall take place within forty-eight hours of death." Now the readers of this article would naturally suppose that the above statements were at least founded on fact, whereas they are absolutely false. The Anatomy Act—i.e., the Act of William IV., cap. 75, entitled "An Act for regulating Schools of Anatomy" — contains no such absurd and illogical clause as that quoted by the *Daily News* between inverted commas, nor does it make any provision at all with regard to post-mortem examinations, as the following *bonâ fide* quotation from the Act will show:—"Sect. xv. And be it enacted that nothing in this Act contained shall be construed to extend to or to prohibit any post-mortem examination of any human body required or directed to be made by any competent legal authority." Now the legal authority here is the Registrar-General, who requires a true certificate of the cause of death, which it is in many cases impossible to arrive at without a post-mortem examination. If, as we remarked in a previous article, systematic opposition is to be made to post-mortem examinations in hospitals, it will be necessary to invoke the powers of the coroner much more frequently than at present.

To return, however, to the Anatomy Act, which simply regulates the process of anatomical examination or dissection, though the latter word was purposely avoided by the framers of the Bill in deference to public sentiment. It first regulates the "places where anatomy is practised," and then goes on to provide that "persons having lawful custody of bodies may permit them to undergo anatomical examination in certain cases"; but not one word is said respecting hospital authorities having to obtain the permission of those "having legal possession of the corpse," as supposed by the *Daily News*. In fact, the hospital authorities are those who have lawful possession of the bodies of the patients dying in their institutions; and these bodies, if they have no friends to claim them, are expected to be given up to the Inspector of Anatomy *for removal to an anatomical school*. It is under these circumstances, and these only, that Clause 9 of the Act applies, which enacts, "That in no case shall the body of any person be *removed for anatomical examination* from any place where such person may have died until forty-eight hours from the time of such person's decease, nor until after twenty-four hours' notice, to be reckoned from the time of such decease, to the inspector of the district of the intended removal of the body."

It can hardly be necessary for us to point out how entirely a post-mortem examination made in order to ascertain the cause of death differs from an "anatomical examination" made for the purpose of studying anatomy; and we venture to think that Dr. Steele has committed no offence against the Anatomy Act. Whilst desirous to impress upon hospital authorities that every precaution should be taken to avoid offending the susceptibilities of relatives, we cordially agree with the following statement in Tuesday's *Globe*, which wisely deprecated the sensational style in which the matter had been taken up by its contemporary:

"The case lies in a nutshell. Provision must be made, on the one hand, for the practical study of anatomy, and, on the other, for the prosecution of researches in the domain of pathology. But, in the satisfaction of these necessities, everything may be done decently. There is no excuse for violating the feelings of friends of deceased persons. Medical men do not, as a fact, encounter any great difficulty in making the examinations required by the interests of humanity and the science of health. The awkward cases which occur are commonly gross instances of wrong-headed stupidity or culpable excess. Instead of making matters worse than they are by piling up the agony, and disturbing the public mind, it would be well if the press, even though there should be 'nothing else to write about,' could be induced to leave the subject alone. It is impossible to make a stir without grossly exaggerating the facts and creating a new and useless difficulty."

Since the foregoing was written, we have had the satisfaction of reading Dr. Moxon's letter in the leading daily journal, and the able comments therein made upon it. If the public can once be made thoroughly to understand the difference between a post-mortem examination and a dissection, one great obstacle to the progress of pathological science will be done away with, and possibly then a police magistrate may abstain from seeking to inflame popular prejudice by the employment of incorrect terms.

THE EYE OF THE MOLE.

VARIOUS and conflicting have been the statements both put forth and received regarding the organs of sight of the mole; but at last the truth, or at all events the position nearest to it which has yet been attained, has been arrived at through the careful researches of Dr. R. J. Lee, which are recorded in a paper "On the Organs of Vision in the Common Mole," published in the last number of the Proceedings of the Royal Society.

Zinn was the first to describe the optic nerve as a branch of that division of the fifth pair which passes to the snout of the animal; but Tiedemann, asserted the existence of a special optic nerve, which, however, had some communication with the fifth pair; and was followed by Treviranus, who concluded, in consequence, that one nerve of special sense is able to assume the function of another nerve of special sense. A rudimentary optic commissure has been described by Solly; and, according to Leydig, the lens of the eye remains in an embryonic condition. Lastly, the third, fourth, and sixth pairs of nerves were stated by Tiedemann to be absent.

As attention had been thus already directed to what may be termed the proximal and distal portions of the organs of vision, there remained only the investigation of the intermediate portion—viz., of that part of the optic nerve which lies in the optic foramen; and this it is which has been so ably carried out by Dr. Lee. The results of his observations, to which fœtal as well as adult specimens were subjected, are briefly as follow:—

In the fœtal mole the globe of the eye possesses the structures usually seen in eyes of very young mammals; and there is present an optic nerve, "which appears to form an upright peduncle for the globe," and which passes backwards to the brain through a true optic foramen. A group of muscles, moreover, not easily differentiable, surround the posterior half of the globe. If the head of an adult specimen be skinned, the eye becomes detached, in the shape of a minute shining bead, concealed by the surrounding hairs. This, instead of being imbedded in an orbital chamber, rests upon a fusiform mass of fibrous tissue, which tapers to a filament in the direction of the base of the skull. This thread, which contains no nerve-fibres, is the atrophied optic nerve. In conjunction with this decay, there is further to be found an absence of the optic foramen in the skull, a mere vestige of the chiasma at the base of the brain, and but a chaos of optical apparatus within the globe of the eye.

It will thus be seen that the eye of the mole presents us with an instance of an organ which is rudimentary, not by the retention of fœtal characters—or, to use a better term, "arrest of development,"—but through *disuse*, "aided perhaps by natural selection"; for, as Mr. Darwin has shown to be the case with the "tuco-tuco" (*Ctenomys*), a South American burrowing rodent, subterranean mammals are liable to inflammation of the nictitating membrane, or third eyelid—a condition by no means favourable to the combatant in the "struggle for existence."

THE LAST PHASE OF DERMATOLOGY.

ON Monday afternoon the large theatre of the Polytechnic Institution was the scene of a very curious gathering, and of a still more curious entertainment. Mr. Balmanno Squire had issued numerous cards of invitation to members of the profession and others to witness an "attempt" to demonstrate diseases of the skin, on a scale and in a manner not previously attempted, by means of the dissolving-view apparatus of the institution. Announcements of the intended entertainment had also appeared in some of the journals; and, although the special invitations were "not transferable," yet the exhibition was open to any medical gentleman on the presentation of his address card. The large theatre was densely crowded in every part, and the exhibition was repeated for the benefit of intending visitors who were prevented, by reason of the impenetrability of matter, from witnessing it in the first instance. Altogether, we were informed, something like two thousand persons were present; and this was what they saw and heard:—

In the first place, Mr. Balmanno Squire, who was standing in a sort of box at the side of the stage, delivered some remarks that were almost entirely drowned by the trampling of feet, as eager sightseers pushed on to their respective places. We gathered, however, that he claimed for his exhibition that it would afford a means of adding a kind of *quasi*-clinical to oral instruction, and that it would enable teachers to keep examples of this or that disease in stock, and to turn them on before a class at the shortest possible notice, and in such a manner as to be seen distinctly by all. This, and perhaps more that was lost to us, having been said, the lights were lowered, and a colossal head was vividly projected upon the screen. Its peculiarity was that it was entirely devoid of hair; and Mr. Squire described it as a portrait of a case of tinea decalvans. A very exquisitely finished and faithfully coloured photograph on glass had been placed in the dissolving-view apparatus, illuminated by the lime-light, and this was the result. As it faded, there came a full-face view of a woman, the subject of ephelis. Then, if we remember rightly, a gigantic pair of legs, presenting patches of psoriasis; and so on, until perhaps a dozen pictures had been exhibited, some of which had already done duty in Mr. Squire's little book upon skin disease. They were, however, so much magnified that every detail was visible to the most distant of the audience; and the exhibitor, with upraised wand, bore to them, in point of size, the sort of relation that is borne to the stranded whale, in Bewick's well-known cut, by the persons who are introduced into the foreground to display the actual magnitude of the creature. Too much praise could hardly be given to the photographer, or to the operator who focussed the pictures upon the screen.

Regarded from a professional point of view, the scene was one of a profoundly depressing character. There is not a shadow of need for such an addition to the existing resources of lecturers. Skin diseases are among the most prevalent of human maladies, and teachers have no difficulty whatever in showing cases to their pupils. If any difficulty should ever arise, it is far more likely to be created by those who establish and largely advertise so-called hospitals, and thus withdraw patients from real hospitals, at which there are pupils to be taught. The "British Hospital for Diseases of the Skin," with which Mr. Squire is connected, is a very remarkable institution. Its name appears to claim for it something of a national character; but it consists, we are informed, of two dispensaries, in different parts of London. It has no beds, no baths, no special apparatus—in fact, no advantage whatever over other dispensaries. Nor are the patients by any means all of them proper objects of charity. It was stated, on inquiry, that some of them, "such as tradesmen in Oxford-street," were expected to contribute something to the cost of treatment; and, if rumour may be trusted, five shillings per month is the usual sum required when the patients have not the advantage of a subscriber's ticket. The operations of this institution are directly detrimental to the large class of general practitioners, who are content to work among the poor for a remuneration suited to their means.

And, even if patients were scarce, there is an essential

source of error in all pictorial teaching. It tends to crystallise a single type of disease in the mind of the learner, and to close his eyes to the infinite variety of nature.

We have still one objection more; and that is that Mr. Squire's own teaching by pictures is open to question. A picture said to represent epithelioma was, we should have thought, one of rodent ulcer. An eruption on the neck, said to be syphilitic, "because there were evidences of primary syphilis in the place where one would naturally look for them," was, in our opinion, neither more nor less than ordinary ringworm. Similar objections might be raised to other descriptions.

We feel that Mr. Squire has made a false step, but it is not necessarily an irretrievable one. There are in dermatology abundant openings for scientific work, and the ingenuity and energy that Mr. Squire has shown might be turned to good account in the only path open to permanent position and renown. The professional success to be gained by such a performance as that of Monday will be itself no more than a "Dissolving View."

THE TROOPS AT LABUAN.

THE mail from the East brings intelligence of the extremely unhealthy condition of the troops stationed at Labuan. These consist of two companies of the Ceylon Rifles, which proceeded to that station towards the end of 1858. Labuan, of which Mr. Pope-Hennessy is the Governor, is a convict settlement. It is not considered an unhealthy station, but malarious fevers are common among the civil population and convicts. The detachment of the Ceylon Rifles enjoyed pretty good health for about a year after reaching Labuan, but of late they have suffered terribly from sickness, and the mortality has been so great that a majority of those who have been attacked have succumbed. The troops are stationed in a barrack situated upon a plateau of sandy soil, with an understratum of clay, and there is a good deal of jungle near. Malarious fever was rife among them, but it was not until the autumn of last year that a new form of disease appeared, the nature of which was not for some time at all clear. It was characterised by anæmia, dyspepsia, and dropsy of the lower extremities, attended with impairment of sensation and the power of motion in the lower limbs. This condition is known as the "glassy leg." The nerve phenomena are supposed to depend upon a localised affection of the spinal cord and its membranes. Death was in many cases sudden, and preceded by a sense of suffocation and cardiac distress. The disease, at first considered to be the effect of the prolonged exposure to malaria, is probably *beriberi*. This peculiar and very fatal disorder, the etiology and pathology of which are still somewhat obscure, only prevails within certain well-defined geographical limits—as for instance, Ceylon, the Malabar Coast, and some districts of India. Labuan, it will be remembered, is in nearly the same latitude as Ceylon. The symptoms under which the troops suffered, the date at which they set in, and the time that the men had passed in the locality before they became attacked, as well as the impossibility of tracing the malady to any of the ordinary causes of disease, leave little doubt as to its nature. The convict establishment was situated on the same plateau, but at a distance from the barracks, and the prisoners appear to have escaped. The married portion of the detachment also enjoyed almost absolute immunity from this affection, although not from fever. The troops were exposed to the influence of malaria from the jungle in their night duties, but the convicts did not perform these, and they were also protected at night to a great extent from malaria by a high wall by which the prison was surrounded. There were many other factors involved in causing the disease, but malaria, poor food, and bad water seem to have been among the most powerful. The detachment is to be relieved immediately.

THE COUNCIL OF THE COLLEGE OF SURGEONS.

THE result of the election of Councillors at the College of Surgeons has been no surprise to us. If a gentleman who has devoted himself for five years to the attainment of one cherished object cannot command success at last, his case must be considered a very hard one. Mr. Wilson has now succeeded in entering the College Council-room. We trust that his presence there may shortly be felt in the support given to all measures of useful reform.

Mr. Henry Lee has gained the position he is, we think, entitled to, and will doubtless endeavour to carry out that programme which he set before the electors on the occasion of his unsuccessful candidature last year.

Mr. Wells and Mr. Coote ran a tie for the "wooden-spoon," and will, we hope, live to "fight again." Each gentleman polled the same number of votes, but with this difference, that Mr. Coote polled twenty-two plumping votes of, it is to be assumed, personal friends, whilst Mr. Wells had but nine votes of that character. Under these circumstances Mr. Wells has no reason to be cast down at his failure in a first heat, and we trust that he will receive more extended support on the next occasion.

MEDICAL CHARITY.

IT is gratifying to observe that the abuses of free hospitals and dispensaries are beginning to be acknowledged in provincial towns. The *Brighton Observer* calls special attention to the labours of the committee now sitting in London on hospital out-patient administration, and asks whether the patients who crowd the ante-rooms really consist of the poor and needy who must sink into misery and death but for the friendly help of a charitable institution? Many there are, no doubt, who answer this description, but they are mingled with hundreds who have not the slightest right to the position they meanly occupy. A gentleman's servant and a skilled mechanic cannot be fairly classed with the necessitous poor, and, if they were in a healthy moral state, would scorn the very idea of such a beggarly act of subterfuge as not a whit better than obtaining money under false pretences. But this is not all. If such patients sneak into charitable institutions *in formâ pauperis*, what shall we say of wealthy employers of labour and masters of families who purchase for themselves the honoured title of governors in order to acquire the privilege of sending their dependants to be cured at the expense of charity, and at the cost of the time and skill of the medical staff, who are supposed to be sufficiently rewarded by the honour of attending them and by an annual vote of thanks. The *Observer* points to the remedy. The Brighton and Hove Provident Dispensary is founded on the motto, "We help those who help themselves." Each adult member pays one penny per week; each child one halfpenny; each domestic servant half-a-crown a year. The number of members is about 2000, and the whole subscription is handed over to the medical officers in proportion to their responsibilities. The rent and management are provided for by subscriptions, but do not reach a moiety of what is contributed by the members.

But how can such admirable institutions be expected to grow in the neighbourhood of the London hospitals? What mechanic living near St. Bartholomew's can be expected to pay his subscription to a general practitioner at a Provident Dispensary, whilst he can obtain, at any moment, the ser-

vices of the most distinguished members of the profession, and the best drugs which money can provide, by simply taking his stand amongst a crowd of applicants equally ready with himself to enroll themselves in the ranks of dependency, and spend the money saved upon an extra pot of beer? It is time that the attention of the Legislature was drawn to this important question. Mr. Goschen should be told that the first lessons of pauperism are learned at institutions which enjoy an enormous rent-roll, and spend much of their income in doles of indiscriminate relief which differ nothing in principle from those which have been condemned by all true friends of the poor, and many of which have been recently diverted by Parliament from their demoralising uses. The Government could render no greater service than by issuing a Royal Commission of inquiry into the administration of the Royal hospitals.

SMALL-POX AND VACCINATION.

SMALL-POX is on the increase all over London. More cases have been taken into the Small-pox Hospital in the last half year than in the whole of 1869. The respective numbers were 525 in the last half-year, and 495 in 1869. In the face of such a fact we cannot help asking, how is the Vaccination Act working in London? There is a want of encouragement to revaccination in the Act. Then we hear of districts in which the public vaccinators have been reduced in number by one-half, and in which they are only doing half the number of vaccinations which they did when the number of vaccinators was double what it is. The explanation must be looked for, not in the prejudice against vaccination, but in the distances that poor women have to go to the vaccination stations, and perhaps the natural indisposition to have the operation done by a stranger whom they never see in the district. The wisdom of the reduction in the number of public vaccinators seems to us most doubtful. In the Cambridge Union there has been a great falling off in the number of vaccinations. In the year ending September, 1868, there were 889 births in the union, and only 309 infant vaccinations were registered. In the year ending September, 1869, there were 907 births, and only 207 infants were vaccinated. We do not see in Mr. Whibley a sufficiently crotchety guardian to explain these facts. We should like to know what is the number of public vaccinators, and whether any changes have been made in the arrangements calculated to offend the men who would do the work, and to incommode the poor.

THE MIDWIFERY CHAIR IN EDINBURGH UNIVERSITY.

No medical school in the United Kingdom has suffered more from the death or retirement of her teachers than Edinburgh. To have lost within three years an anatomist like Goodsir, a surgeon like Syme, and an obstetrician like Simpson, would have told heavily upon any seat of professional education; but upon Edinburgh the triple bereavement has come with peculiar force. As a centre of population she enjoys much smaller advantages than London or Dublin for opportunities of hospital experience; but what she has hitherto lacked in the quantity of her educational facilities she has always made up for in the quality of her teaching. Whenever she declines in this latter particular, her attractiveness sustains a more or less serious loss; the students who used to throng her lecture-rooms from every corner of the kingdom and every quarter of the globe preferring to seek nearer home the exceptional advantages which she has ceased to hold out. For her, therefore, the maintenance of her traditionally high standard of professorial efficiency becomes a matter of imperative moment, and the appointment of successors to such men as Goodsir, Syme, and Simpson imposes upon the electors a weight of responsibility unusual elsewhere. Without in the least reflecting upon the scientific or professional ability of the gentlemen who fill the chairs vacated by Goodsir and Syme, it would be affectation to pretend that either of them is equal to the rarely gifted man it has been his fortune to succeed. Better substitutes it would have been impossible, in the circumstances, to have found; and when the choice of the electors raised them to their separate posts, not a murmur of dissatisfaction was heard. Still, the lessened attractiveness of the University from the loss of Goodsir and Syme has been so marked as to make the appointment of a successor to Simpson an even graver duty than in any point of view it must have been; and, accordingly, every loyal son of the historical Edinburgh school,—all who desired to see Sir James Simpson's influence and teaching worthily perpetuated,—all friends to medical education throughout the world, looked with interest, but with confidence, to the decision at which the electors to the Midwifery chair would arrive.

The curators of the University had three men to choose from—Dr. Matthews Duncan, Dr. Keiller, and Dr. A. R. Simpson. Our estimate of the claims of these gentlemen has already been given; and we need only recapitulate now that, while Dr. Keiller's qualifications would have fitted him to discharge the duties of the chair with practical judgment and skill, Dr. Duncan would have added to recommendations certainly not inferior the special one of being an accomplished man of letters, in whose hands the chair would have lost none of the dignity attaching to its place in a professional curriculum. Of the third candidate we could only say that, while he had given no proof of his ability to conceive and compose a series of lectures on the science and art of obstetrics, while he had never held an appointment of any importance in connexion with a Maternity or Children's hospital, while his contributions to the medical journals or the evidence he had given of literary accomplishment had been less than little, he yet inherited his uncle's popularity with the Town Council element in the Court of Curators, and also the museum which Sir James had constructed in the University.

On Monday last the curators met, and proceeded to the momentous duty of the day. On the first vote being taken, three declared for Dr. Duncan—to wit, Sir William Gibson-Craig, Lord Neaves, and Mr. David Milne-Hume, of Wedderburn; three for Dr. A. R. Simpson—to wit, the Lord Provost, Bailie Fyfe, and Bailie Skinner (the latter curator having sent in his vote in a sealed packet before leaving for the Continent); and one for Dr. Keiller—to wit, Bailie Russell. Dr. Keiller was then struck off, and again the vote was taken, when Sir William Gibson-Craig, Lord Neaves, and Mr. D. Milne-Hume voted for Dr. Duncan; and the Lord Provost, with Bailies Fyfe, Skinner, and Russell, voted for Dr. Simpson, who was therefore duly elected. According to the local journals, the announcement of the result was awaited with the intensest anxiety by a crowd of students and graduates at the entrance to the court-room; and on the name of the successful candidate becoming known, demonstrations the reverse of complimentary were freely made.

We have too great a concern for the interests of medical education, for the welfare of the Edinburgh school, and for the memory of the late illustrious occupant of the Midwifery chair, to be other than disappointed at this election. It is impossible to believe that the four curators who voted for Dr. A. R. Simpson were equally qualified with gentlemen like Sir William Gibson-Craig, Lord Neaves, and Mr. Milne-Hume, to weigh and appreciate

the academic qualifications of the respective candidates. The voice of the profession had nominated with varying distinctness Dr. Duncan or Dr. Keiller as the fit candidate, in proportion as its members valued the more purely academic, or the more purely practical qualifications of a professor of midwifery. But to Dr. A. R. Simpson the professional mind was unmistakably adverse, as to a man who was junior to his fellow candidates, unknown to the science, and but partially heard of in the practice, of obstetrics. From all these considerations we are forced to the conclusion that other arguments than those of academic propriety, professional fitness, or approved experience decided the majority of the curators in the bestowal of their vote. This last election bears too suspicious a resemblance to some that have gone before to make it easy for us to absolve the bourgeois element in the Court of Curators of sectarian or other secondary motives in deciding as they have done. That Court succeeded the Town Council as patron of certain chairs in the University because the latter body was notoriously subservient to political, religious, and local influences in its support or rejection of candidates. But the reform, as Edinburgh has found to her cost, has been nominal merely. An effort must be made, and made early, to place the appointment to University chairs in more competent hands; otherwise, from leading the van of the great army of medicine, Edinburgh will fall ignominiously into the rear.

COLLEGE OF PHYSICIANS, IRELAND: APPEAL CASE.

THE Lord Chancellor, the Lord Chief Justice of the Queen's Bench, the Chief Justice of the Common Pleas, and the Chief Baron, Visitors of this College, on Monday, the 4th inst., pronounced a unanimous judgment on the appeal of Dr. MacSwiney, that he be declared duly elected a Fellow of the College. We have already referred to this matter on several occasions. The Lord Chancellor delivered a written judgment, the effect of which was that the bye-law declaring that one vote in five should exclude in an election for Fellowship was contrary both to the common law and charter, and was therefore illegal and void, and should be expunged from the College books. A second question was as to the validity of voting by ballot. The opinion of the Visitors was to the effect that voting by ballot was not sanctioned by the charter of the College, and was therefore illegal. The result of this was that Dr. MacSwiney, although he obtained eighteen votes to nine, could not be declared duly elected, and that there must be a new election; the costs incurred to be paid out of the College funds. As vote by ballot has, therefore, been found to be illegal in this case, and as a large majority of the Fellows of the College have been elected by this mode, it follows that these gentlemen must be re-elected.

TEMPERATURE OF THE CRANIAL CAVITY.

THE temperature of the cranial cavity has lately been made the subject of investigation by M. Mendel, of Pankow, near Berlin. Fick had already found the normal temperature of the cranial cavity to be lower than that of the body generally. Jacobson and Bernhardt had likewise noticed the inferior temperature of the blood arriving at the heart by the superior vena cava, as well as the depression it produces in the right cavities. M. Mendel corroborates these results, and finds constantly that in health there is a difference amounting to seven-tenths, or even to one degree centigrade, between the temperature of the cranial cavity and the rectum in the rabbit; and that in the dog the difference is almost as well marked. Duméril and Demarquay have shown that the temperature of the body is lowered by the action of chloroform. Bouisson arrived at the same results, as have also Sulzynski and Scheinnesson, the experiments of the latter having been performed upon man. The differences observed by Mendel between the temperatures of the cranium and the rectum are much more clearly marked when the animal is under the influence of chloroform than when in a normal state. Chloroform lowers the temperature generally, but especially that of the cranial cavity. The effects produced by chloral on the temperature of the body generally have been already studied by Demarquay. This author has found that the temperature of the body falls several tenths of a degree. M. Mendel arrives at the same results in regard to the temperature of the cranial cavity, except that he has observed it to fall to a still greater degree than the general temperature. Deguix, Dupuy, Leuret, and Gscheidlen have found that, after a moderate or therapeutical dose of morphia, the temperature of the body rises; though when administered in a poisonous dose it falls. Mendel again arrives at the same law—viz., that the depression of temperature is more marked, and occurs more rapidly, in the cranial cavity than in the rest of the body. In poisoning by alcohol, the temperature of the cranial cavity rises to such a point that it exceeds the temperature of the rectum.

THE MEDICAL ARRANGEMENTS AT ST. PANCRAS.

THE guardians of St. Pancras are at present in a very pretty fix. Whilst contemplating the dismissal of all the district medical officers, and the appointment of gentlemen who are to be debarred from private practice, they have neglected to re-appoint their present officers, after the expiration of the period for which they had been engaged. These gentlemen are now performing the duties, if not voluntarily, at least without any contract as to terms. Some years ago a somewhat similar occurrence took place in Bethnal-green, and at the end of three weeks the guardians were rather astonished to have a bill sent in for attending the paupers as private patients, the total being nearly equal to a whole year's salary; and, what is more, they were compelled to pay the bill. We have already expressed our opinion as to the injustice which would be inflicted upon the district medical officers if the guardians carry out their scheme, and also as to the impolicy of employing medical men exclusively in pauper practice. Dr. Brydges, the Medical Inspector of the Poor-law Board, is unfortunately away, but we believe the Poor-law Board will not allow the matter to be finally settled until his return. We hope that his influence will be as successfully used in St. Pancras as it was in Bethnal-green, and that the present medical officers, against whom no complaints whatever have been made, should be allowed to retain their posts, such an addition being made to their numbers as will secure a thorough performance of the duties without too great a tax upon the time of each.

PETITIONS AND THE BILL.

WE can say nothing of petitions in favour of the Bill, for no such petitions come to our hand. There is a monotony of complaint in all that reach us.

The Edinburgh College of Physicians petitions against the Bill as amended, and in particular complains that it will make three additional gates to the profession. The College argues that the graduates of universities ought not to be exempted from any part of the examination of the new boards, and it expresses disappointment at finding no provision in the Bill for altering the constitution of the

General Medical Council, so as to make it more directly representative of the wants and interests of the profession. The petition naturally complains that bodies which have little to do with medical education, and still less with medical examination, have an equal representation on the Council with those that have much to do with both of those duties.

The Faculty of Physicians and Surgeons of Glasgow, in its petition, complains that in the Bill as amended on report alterations have been introduced which would render it inoperative in securing the examination of all persons entering the profession in all branches of medical knowledge. In particular they object to the proposal that examinations in any branch of professional knowledge conducted by other bodies than the conjoint boards should be accepted in lieu of like examinations conducted by these boards. The omission of Clause 18 the Faculty considers to be subversive of the Bill. Finally, the Faculty directs attention to "the very anomalous position of the new licentiates" if they be not required to affiliate themselves to one or other of the medical authorities, who "could exercise over their public, professional, and moral conduct a wholesome influence and control." Would that this concern for the professional and moral conduct of the "affiliated" of the different bodies had shown itself a little sooner, and before the motive of it was so liable to misconstruction.

The Apothecaries' Hall of Ireland say, by the way, that they have already petitioned in favour of the Bill. The petition now before us is one for bare life, and that they may not be destroyed in the course of legislation as "being a trading company," in accordance with the unchristian petition of the King and Queen's College of Physicians.

The petition of the Medical Society of Islington, as contained in our last number, may well be imitated by those societies which contemplate petitioning against the Bill.

THE MAURITIUS.

MALARIOUS fever still continues to prevail at this station, especially among the civil population. The attacks among the military are generally mild in character; but the soldiers, particularly those occupying the stations on the sea-board, are said to present a pallid appearance, as if their constitutions had not escaped the effects incidental to residence in such a climate. In anticipation of the visit of the Duke of Edinburgh, who arrived at the Mauritius on the 24th of May, and met with an enthusiastic reception, some of the troops were removed from Mahebourg and Flacq to Port Louis; and these are said to have presented a sickly appearance, contrasting very unfavourably with those at Reduit, on the upper plateau of Moka, who were healthy and robust. This shows the absolute necessity of abandoning the sea-board stations, and of locating the troops on the uplands—a step which does not seem likely, however, to be soon carried out.

TRAINING OF ARMY MIDWIVES.

INSTRUCTIONS have been issued with the army circulars for last month for the training of women as army midwives under the superintendence of medical officers at the different stations where there are hospitals for women and children. The instruction is directed to be practical at the bedside as far as possible, and supplemented by a theoretical course of lectures. For this purpose some of the soldiers' wives are to be selected, and, wherever practicable, formed into a class. The women are to be examined as to their proficiency in the subjects taught; and each woman will be entitled to a certificate to that effect, provided she has attended the lectures and not less than twenty cases of labour, and passed a satisfactory examination. An outline of the course of instruction, as laid down in the circular, embraces some simple anatomical and physiological information, and the facts connected with parturition and its dangers, with the general management of lying-in women and the principles of sick nursing. Dr. Sinclair, Professor of Midwifery, Trinity College, Dublin, was good enough to train in this way a number of soldiers' wives belonging to regiments stationed in Ireland, with great advantage, and without any cost to the State.

We do not know how far it may be practicable at many stations to procure the number of women necessary for a class, or to impart the necessary information to them, but wherever it can be done, the provision of trained women is, no doubt, calculated to prove of great advantage to married soldiers and their families.

THE SERPENTINE.

SANITARY hindrances in 1870! We had vainly thought from the course which sanitary legislation has taken during late years that the future would have been one of improvement instead of retrogression. But we have been greatly disappointed at finding that, after urgent appeals from Lords Harrowby and Mahon, Dr. Aldis, Sir Henry Hoare, M.P., Mr. Harvey Lewis, M.P., Drs. Tilt, Vinen, and others, the Chief Commissioner of Works, calm, cynical, and immovable, clung to his specification as Shylock did to his pound of flesh. The simple problem of purifying the lake by removing all the soft mud and of lessening the depth could not be solved. All the mud, he argued, cannot be removed, which accords with the specification; therefore, also, the depth cannot be lessened. But if the lake be dangerous for bathers, establish a bath, which will be less expensive than lessening the depth, and prevent bathing in any other part. But where will the boys, who form the chief proportion of bathers—the ragged urchins—find the money to pay for the luxury? "Henceforth," the Great Hinderer would no doubt exclaim, "if you cannot pay, you must not bathe, ye little unwashed, who used to crowd the shore of the water and revel in it after a hot summer day. Ye may see the men of pence enter the bathing machine, but ye must stand by and be thankful. But should ye have a weakness for sliding on the ice over deep water, and should it break, ye would be drowned—and serve you right!"

A CENTENARIAN.

THE Registrar-General has at length, and after many disappointments, enjoyed the satisfaction of recording the death of a veritable centenarian. Hitherto he has been, like the late Sir George Lewis, sceptical on the subject of such prolonged existence; the cases which have been brought under his notice have generally broken down under the test of strict investigation. But of the venerable inmate of Morden College, Blackheath, who died the other day, the chain of evidence appears to be complete and conclusive as to the fact that he had really attained the age of 103 years. Dr. Finch, of Charlton, has furnished the Registrar-General with documentary proofs that Mr. Jacob William Luning was born at Hamelvörden (Hanover), in 1767, and the successive stages of his life after he came to England in 1790, his naturalisation, his marriage, and the insurance of his life, are all perfectly consistent and consecutive as to dates. The most important feature in this case is that the question of identity admits of no dispute, for Dr. Finch has traced the whole family pedigree of the Lunings back as far as to their kinsman Martin Luther, and down to the six surviving sons and daughters of the deceased patriarch. Admitted to Morden College in 1859, the old man continued to enjoy good health until within the last few months, and,

save a little deafness, was in possession of all his faculties. Only for a fortnight before his death was he unable to leave his bed, and at the last he died simply and naturally of "old age," as certified by his medical attendant.

CHRIST'S HOSPITAL.

WE had the opportunity of being present, on Wednesday last, at the annual athletic contest which is held amongst the boys before the summer holidays. The ground was gaily decorated, and the Bluecoat band performed with great success. But no decoration could conceal the unfitness of the place for anything like a test of running. The contests, however, were carried on with great spirit, and if not up to the highest standard of proficiency, were at least as good, if not better, than might have been supposed possible, considering that the gymnasium is of recent institution, and only capable of occupation in fine weather.

Mr. Stone, the amiable and accomplished resident surgeon, has just sent in his resignation, after thirty-five years of faithful and efficient service. Our Report testifies to the admirable way in which his work has been done, and the governors will, no doubt, regret the loss the institution will sustain.

MR. BRIGHT.

MR. BRIGHT, we are happy to announce, continues to improve. He is strong enough to take exercise on foot or on horseback for several hours each day; while his mental vigour is being gradually restored.

THE THAMES AND LONDON SEWAGE.

IF there is a class of persons under the sun deserving of pity, it is surely the ratepayers of the metropolis. After spending more than a million and a half of money in embanking the northern shore of the Thames, they find that a large slice of the land which has been reclaimed from the river at their cost is claimed by the Crown. And after spending a much larger sum in a grand system of main drainage, to take their sewage far down towards the sea, they find themselves on the horns of a dilemma, inasmuch as while there is no other means for disposing of their sewage than turning it into the Thames, they are now required by the new Thames Navigation Act to remove from the river, at their own expense, those deposits which the sewage must inevitably leave in the river's bed. The First Commissioner of Works told the House of Commons the other evening that "this was not a matter to be dealt with hastily," and he talked glibly enough about the "enormous magnitude" of the considerations involved in this metropolitan sewage question. If Mr. Ayrton really feels the magnitude of the subject, perhaps he will kindly endeavour to engender in the mind of his colleague, the Home Secretary, a similar conviction. Better government for London has been sadly needed too long.

BRITISH MEDICAL BENEVOLENT FUND.

AT the last monthly meeting the sum of £115 was distributed in grants to ten applicants, while six other cases were postponed for further inquiry, and three passed over as not being suitable cases for assistance. The death of one of the inmates of Providence-place, Chippenham, was reported, so that there is now a vacancy, the candidate for which must be a M.R.C.S. Eng., or the widow of such.

Among the subscriptions received since our last notice are: Thomas Knight, Esq., Brompton, £10 10s.; H. S., London, £10; Sir H. Holland, Bart. (additional), £10; George Critchett, Esq., £5 5s., and Charles Rothwell, Esq., Bolton, £6.

MR. CHILDERS.

THE progress of Mr. Childers since his removal to the country has continued to be satisfactory. He remains under the care of his usual medical attendant, Mr. Robert Ellis, who, we understand, finds nothing in the right hon. gentleman's present illness that should interfere with his career of usefulness and activity in the public service for many years to come.

AMENDMENT OF THE SANITARY ACT.

DR. BREWER'S Bill for Amending the Sanitary Act (1866) is intended to obviate the difficulty which has arisen under Section 26 of the Act with regard to the removal of infectious cases when there happens to be no hospital or place for the reception of the sick "*within the district*" of the nuisance authority desiring to make such removal. The Bill consists of a single clause, providing that, "For the purposes of the 26th section of the Sanitary Act, 1866, every hospital or place for the reception of the sick situate within the limits of the metropolis, as defined by the Metropolis Management Act, 1855, shall be deemed to be within the district of every one of the nuisance authorities in the metropolis."

"JUSTINA" ON THE CONTAGIOUS DISEASES ACT.

WE have received a copy of "Justina's" letters, in reply to Miss Garrett's defence of the Contagious Diseases Act, reprinted from the *Pall Mall Gazette*. "Justina" is unfortunate. We caught her tripping in her figures some time ago; and, if we are not much mistaken, she has again fallen into a trap which statistics, like metaphors, prepare for the feet of the unwary. At page 11 there is a table showing the ratio of admissions of soldiers into hospital per 1000 of mean strength at five stations, and following this are some remarks from which we infer that "Justina" has fallen into the not uncommon mistake of adding together the ratios of several unequal quantities in order to determine an average.

SOME alarm has been occasioned by a death from smallpox at Lansdowne House, Berkeley-square; but from inquiries made by Dr. Aldis, the Medical Officer of Health for St. George's, Hanover-square, it appears that the disease was imported from Paris. The governess—who had been vaccinated—on arriving from that capital, went to bed, and was afterwards fatally attacked with confluent smallpox. The servants and others were revaccinated, and the disease has not affected any other person.

THE Council of the Pharmaceutical Society held a meeting on Wednesday to appoint an editor to the *Journal*, which has now assumed a weekly form. There were three candidates—Professor Redwood, Dr. B. H. Paul, and Dr. Henry Watts. Before the electors came to the vote, Dr. Watts announced that he had retired in favour of Dr. Paul. The meeting then divided, when twelve voted for Dr. Paul, and seven for Dr. Redwood. Dr. Paul, the successful candidate, has been a pupil of the Society, and at various times has been intimately associated with its transactions for the last twenty years.

DIARRHŒA was fatal last week to 300 persons in the seventeen large cities and towns of England, a number exactly double that of the previous week. The deaths from that cause in London were 192, against 86 in the week before; and, as well in London as in the other towns, its victims were principally children under five years of age. Twelve deaths occurred in London from "simple cholera," or choleraic diarrhœa.

THE Rev. Dr. Thornton, D.D., has resigned the head mastership of the Epsom College, and will proceed as Warden to Trinity College, Glenalmond, in Perthshire, in the room of the Rev. Dr. Hannah, who has been preferred to the Rectory of Middleton, in Lancashire. The Epsom boys, with whom Dr. Thornton is an especial favourite, are taking steps to present him with a testimonial, towards which communications may be addressed to Mr. Sloman, Head Prefect of the College.

AT a recent meeting of the Committee of Management of the Devonshire Hospital and Buxton Bath Charity, Dr. Robertson, the chairman, gave a summary of the recent work and present position of the charity. During the last six months 558 patients had been admitted, of which number 399 had been relieved by the treatment they had received. The benefit derived by the cases of rheumatism, estimated at some six-sevenths of the whole number, was as satisfactory as usual. During the half-year, upwards of £1500 had been expended on the maintenance of the hospital.

AMONG the army circulars issued for the present month, there is one containing the new code of instructions for the medical examination of recruits for the army. These instructions are, for the future, to be substituted for those hitherto in use, and they are promulgated for the guidance of medical officers and civilian medical practitioners in the inspection of recruits.

MR. HENRY G. B. HARRIS, M.R.C.S., L.S.A., of Wimbledon, recently had a handsome timepiece and a pair of vases, on two small silver tablets, presented to him by his friends and patients in Wimbledon and Merton. The testimonial, we are informed, obtained its origin from Mr. Harris's having successfully persevered in getting three roads made and drained in one of the poorer districts of his neighbourhood.

AMONGST the numerous Acts certified in the *Edinburgh Gazette* of Tuesday week, as having received the Royal assent, is an Act for authorising the corporation of the Royal Infirmary of Edinburgh to remove their Infirmary buildings to a more suitable position, and to acquire for that purpose the site of George Watson's Hospital and adjacent lands, and for other purposes.

ALL the patients and *personnel* of the military lunatic establishment at Fort Pitt, Chatham, were, at the beginning of the present week, removed to the new lunatic asylum at the Royal Victoria Hospital, Netley. This asylum had been previously handed over as ready for occupation by the Royal Engineer Department.

IN the "Proceedings" of the Belgian Academy, there is an account of some experiments on the spinal cord by MM. Masius and Vaulair. They experimented chiefly upon frogs, and believe that they have demonstrated that, in very young frogs, if a part of the cord be removed it will grow again, and all the functions be re-established.

THE Lords of the Privy Council have awarded the sum of £9 10s. 8d. to Mr. G. F. Brutton Willing, of Great Wakering, Essex, for the efficient manner in which he has discharged the duties of public vaccinator in the Great Wakering district of the Rochford Union.

DR. DORACHE has lately communicated a paper to the Academy of Sciences at Paris, "On the Use of Creasote in Typhoid Fever," which has proved in his hands very successful.

WE are glad to notice that the Lords Justices have been pleased to approve of the appointment of Mr. Brady, M.P., as Deputy Lieutenant for the County of Leitrim.

THE coroner's inquiry into the deaths of the children who died after their removal from the Brixton baby-farm has resulted in a verdict of manslaughter against the woman Waters. The police are continuing their investigations.

AT the Carnarvonshire Quarter Sessions held last week, an application of the surgeon to the county gaol (Dr. R. A. Jones) for an increase of salary was met by the grant of an additional £25 a year, thus raising the stipend to £80. The Merionethshire magistrates also acceded to a similar request from the surgeon to the gaol of that county.

MR. HULKE'S LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

THE second course of Arris and Gale lectures, delivered by Mr. Hulke at the Royal College of Surgeons, is a continuation of his course of 1869 on the Minute Anatomy of the Eye. The first lecture was delivered on the 13th ult., and the lecturer deals this year with the parts concerned in accommodation, and with the conjunctiva, sclerotic, and optic nerve.

Mr. Hulke devoted his first lecture entirely to the apparatus of accommodation. He first explained accommodation to mean the function of internal adjustment by which the eye is able to arrange itself for the clear vision of objects at different distances; and he illustrated the necessity for this arrangement by a particularly striking and good example. "If," he said, "I look at a book through a veil, both being near me, and only a few inches apart, I find that when my eye is fixed on the print I see it quite distinctly, while I am scarcely conscious of the presence of the intervening veil; and, again, when I look intently at the veil and perceive its texture distinctly, at that same moment the print becomes confused and unrecognisable." After stating the optical reasons for the phenomena described, and the necessity for the exertion of a greater refractive power when near objects are looked at, Mr. Hulke cited the authority of Cramer, Helmholtz, Donders, and other observers for the belief that the physical cause of the change is an increased convexity chiefly of the anterior surface of the crystalline lens. The lens itself, being a passive organ, is unable to modify its own figure, and the only structures capable of acting upon it are the iris and the ciliary muscle. In man, at least, the iris is excluded from participation by the evidence of clinical observation, and only the ciliary muscle remains. To these two structures, the lens and the ciliary muscle, the lecturer wished to direct the attention of his hearers.

The lens of the human eye has a flattened bi-convex figure, the radius of curvature of the anterior surface being nearly twice that of the posterior. The infant's lens is more nearly spherical, and more nearly in contact with the cornea, than that of the adult, and to this may be attributed its proneness to come into contact with the cornea, and to become the seat of central cataract as a result of purulent ophthalmia in infancy. In all vertebrate animals the lens is formed almost entirely of a peculiar fibrous tissue, with a very scanty, formless interstitial substance. It is enclosed in a capsule of elastic, yet brittle, transparent membrane, which is lined by epithelium on its anterior surface; and this epithelium, when its cells undergo perverted development, either spontaneously or after operations, gives rise to the tough membranous opacities that are commonly, but incorrectly, described as opaque capsule, the capsule itself never becoming opaque. The fibres of which the lens is built up are membranous tubes, containing a protein substance known as globulin. They are ribbon-like in shape, with two wide surfaces, and four narrow ones, meeting in two thin bevelled edges, which give to their cross sections a hexahedral figure. In some vertebrata, but not in man, the edges are serrated. The other constituent of the lens is the interstitial tissue, a formless substance present in

very minute quantity in the axis of the lens, and in those extensions of it called the central or axial planes. In young persons the refractive index of this substance agrees with that of the fibrous tissue; hence their lenses are free from the internal reflections which the lenses of elderly persons exhibit, and which give these an opalescence which an incautious observer may readily mistake for cataract.

After describing the different arrangements of the axial planes in different classes of animals, the lecturer went on to speak of the position and relation of the lens in the hyaloid fossa, where its chief support is the suspensory ligament, which slings it to the ciliary processes. The suspensory ligament arises from the whole inner surface of the ciliary body, in front of the *ora retinæ*, from columnar epithelium, like bodies resting in the pigmental epithelium, and it is attached in a plaited manner to the capsule at the edge of the lens, advancing slightly upon the front, and to a less extent on the back of the lens. It is made of fibres, which chemically resemble yellow elastic tissue. They are remarkable for their hard sharp outlines, and their clear fracture. They break up near the lens into brushes of very fine fibrillæ, the interstices between which are occupied by delicate membraniform expansions. Kölliker regards the elongated bodies from which these fibres arise as special modifications of the connective tissue radial fibres of the retina, which are continued in front of the *ora*, the nervous retinal elements ceasing at this boundary.

The ciliary muscle, the active factor of accommodation in the human eye, was described as composed of unstriped fibres, following different directions. The deepest bundles, those which are in close relation to the outer surfaces of the ciliary processes, are very obliquely directed. Collectively they form a ring resembling a sphincter, yet not completely separable from the rest. The outermost bundles run in meridianal lines, streaming backwards from the middle of the three divisions of the posterior elastic lamina of the cornea, to lose themselves on the outer surface of the ciliary body and choroid. Regarding the cornea as a fixed point, the contraction of these meridianal fibres will serve to draw the choroid forward and to tighten it upon its contents. From these data Mr. Hulke infers that the normal condition of the lens at rest is to be compressed and flattened, especially on its anterior surface, by the action of its suspensory ligament, and that the ciliary muscle, by drawing forward the choroid and processes, and slackening the ligament, allows the lens to assume a greater degree of anterior convexity. It seems probable that the oblique fibres would promote this action, but doubtful whether they could directly compress the edge of the lens.

The lecture was brought to a close by an account of the nerves and vessels of the ciliary muscle. It was copiously illustrated by original diagrams, by chalk sketches, and by microscopic preparations, and called forth the warm approbation of an attentive and appreciative audience.

THE HEALING OF WOUNDS BY TRANSPLANTATION.

PENDING the final results of Mr. George Pollock's experiments, which are now being carried on in St. George's Hospital with a view to determine the possibility of considerably hastening the healing over of ulcerated surfaces, and especially such as result from severe burns, by the transplantation of healthy epidermis to the ulcerated surfaces, according to M. Reverdin's proposal, we think it will be interesting to our readers to give a general summary of the mode of operation, and the actual results of this new procedure in conservative surgery. On hearing of the experiments of M. Reverdin, Mr. Pollock determined to attempt to heal, by the transplantation of healthy skin into its midst, of an extensive ulcerated surface in the case of a child in St. George's Hospital who had been severely burnt on the thigh, from hip to knee, some eighteen months previously, and whose case we have now carefully examined. The child in question is eight years old, and the ulcer on the outside of the limb is in general outline club-shaped, the smaller part being situated at the knee, and the larger portion above. The ulcer is nearly eighteen inches in length, and about twelve inches across at its widest part. The case, on admission, appeared almost hopeless, as far as permanent cicatrisation was concerned; the ulcerated surface had been in much the same state for months past, and would certainly have taken another year or two to heal, if it would have ever healed, under the usual form of treatment adopted in those cases. The healing process had advanced to about an inch and a half from the original margin of the burn from either edge. Two months ago Mr. Pollock transplanted to the granulating surface of the ulcer two pieces of the child's own skin, the size of millet-seeds, taken from the side, just above the ilium. An incision was made in the granulations, the piece of skin embedded therein at once, and then covered over by a piece of adhesive plaster. At the end of a week there was nothing to be seen of the transplanted skin, and to all appearances the experiment was an entire failure. At the end of a fortnight two small isolated spots of something like cicatrisation could be detected at the points where the skin had been embedded. These now began to increase in diameter more rapidly than one could have imagined or expected; so much so that at the end of five weeks they were quite conspicuous, like islands in a sea of granulations, and they were rapidly increasing in circumference. Mr. Pollock now transplanted three more pieces to the other portions of the ulcer. Two of these at the end of a fortnight were evidently commencing to send forth circular patches of cicatrisation, and they are now well marked and daily increasing in size. The third portion has also taken, but did not make itself evident so early as the other two. On Sunday last, at our visit to the case, we observed that one of the original implantations has resulted in nine weeks in bridging completely across the lower part of the ulcer, near the knee. New skin in the form of a patch two inches by one and a half, and a second island of new skin two inches in diameter, had been produced higher up from the second of the original transplantations. One of the transplantations performed five weeks since had given rise to a third islet about the size of a shilling. The new portions of integuments are at present devoid of sensation to any foreign body or to touch. The case promises to do thoroughly well under the new surgical procedure, which, if successful, must mark a new era in the treatment of extensive burns by preventing the sad deformities and the long exhausting illness which so often follow them. Apart from the interesting practical considerations connected with these curious and remarkable results, there appears to be one point having a very important physiological bearing, and that is the nature of the new growth. How from so small a point of skin could such patches of cicatrisation or new structure and covering arise? And why should the process of healing be greater around the newly-implanted skin than at the margins of the original ulcer? Was it the simple result of epithelial cell growth started by the implantation of a few healthy epithelial cells in a nidus congenial to their life, reproduction, and increase?

To endeavour to throw some light on this point, Mr. Pollock took advantage of a hint from Dr. W. Ogle—viz., to implant a minute portion of black skin at one point of the granulating surface, and observe whether cells containing pigment were propagated in a manner similar to that which followed the ingrafting of the white skin. There has not yet been sufficient time to test the results of this last experiment.

The portion of skin removed in each instance was about the size of a millet-seed; indeed, the success of the experiment seems to depend essentially on the minuteness of the piece transplanted. Mr. Pollock has further taken from his own arm a small piece of skin, and implanted it in a patch of the granulations, to test whether there will be any difference observable hereafter between the patches of skin transplanted from the child's own body and that taken from another person; and, by the way, this disposes of the question of cruelty, for the operator has not failed to deal precisely the same with himself as with others. Mr. Pollock has operated upon a second case, and, we hear, that he will continue the experiment on others.

Of one thing there can be no doubt in reference to Mr. Pollock's case, that, whereas the healing process had extended only a certain distance from the edge of the healthy skin, and whereas the closing up of the ulcerated surface must have taken place rather by contraction from both

sides of the already-formed cicatricial tissue than the spreading formation over it of epithelial tissue, new centres whence large patches of new integument spread have been formed by the transplantations of skin practised by Mr. Pollock after the manner followed by M. Reverdin; and the result must be, if nothing hinders the repetition of the operation, that the wound must heal over in a much shorter time, and with much less suffering than usual, and without deformity consequent upon the free contraction of the cicatrix which would otherwise form.

Correspondence.

"Audi alteram partem."

THE LATE SIR JAMES Y. SIMPSON AND HOSPITALISM.

To the Editor of THE LANCET.

SIR,—In your article on the Simpson memorial in last week's LANCET you say, referring to a letter from Dr. Protheroe Smith, which affirms that in 1867 Sir James Simpson's views as to the desirability of hospitals for women were substantially the same as in 1842, that "twenty-eight years ago the great question of hospitalism had not appeared upon the medical horizon," and that "it would be more to the purpose if we knew the opinions held by the great master in the present year immediately before he was removed from us."

I think, Sir, I can contribute some little information upon this point, for I had the good fortune to be with Sir James during the last week of January of the present year, when, among the many topics upon which he touched, and with which he charmed and instructed me, he dwelt upon hospitalism, the more, perhaps, on account of my having been one of the secretaries of the Public Health Section of the British Medical Association at Leeds last year, when an important discussion upon this subject was entered into, Sir James, as usual, contributing much important information.

Three or four times during my brief stay in Edinburgh Sir James took me to the Royal Infirmary, and there, in his own and other wards, pointed out to me how, in his judgment, that and other large hospitals at present existing might readily be converted into wholesome buildings. Sir James was well aware that in our state of civilisation large hospitals were, on various grounds, economical and other, necessities. But he pointed out to me a way in which these might be rendered much less harmful than at present; and, more than that, that his plan was applicable to the existing hospitals, which needed alteration rather than demolition. Sir James's plan was that all internal communication whatever of ward with ward should be put an end to; that the sole mode of ingress should be from without, balconies, with steps leading up to them, being placed on a level with those wards which were higher than the ground. Porches, permitting of a system of double doors (thus securing a vestibule, which would really become a chamber for warming air before it entered direct from without), or what I would describe as inverted porches (having the same objects), or both, were to be erected, so as to avoid having only one door, and that flush with the external walls, which might permit of a direct rush of cold air inwards. Thus each ward, being entirely independent of its fellows, would, Sir James thought, be kept as pure and unpolluted as it is possible to keep hospital wards, and so would approach more nearly than anything else to his favourite type, the cottage hospital.

Obviously there are difficulties in this proposal, and they chiefly affect the surgical wards. One, which applies specially to hospitals used for educational purposes, is the difficulty which might be experienced in conveying patients from a ward to the operating theatre without incurring undue risk from exposure to the external air in cold seasons. This might, perhaps, be obviated by having small chambers (for one bed only), near the theatre, to be occupied shortly before and after the operation. This, at any rate, is a problem which doubtless might be solved in course of time.

The views of the great physician, whose loss those who had the privilege of knowing him must most deplore, I have endeavoured, however feebly, faithfully to set forth as they were understood by me. We had no special conversation with reference to women's hospitals (I mean other than maternity hospitals, which he condemned), but, from what I gathered incidentally, I think Sir James Simpson's views upon this subject were that such hospitals were not undesirable. At the same time I think he would have preferred special wards for women attached to a general hospital, rather than a distinct hospital, unless, indeed, it were to be used for the purpose of affording clinical instruction to students, for in this, as in other matters, he was large-hearted and catholic. He was, as you truly remark, no narrow specialist, but, like most of those who excel in particular departments of practice, his range of thought, observation, and work was as large and comprehensive as it was unequalled and profound.

I venture, Sir, to send you this letter in the belief that it bears, not only upon the general question of hospitalism, but that it contributes, however meagrely, to our knowledge of the views held by Sir James Simpson shortly before he was taken from us; and I shall be truly glad if, in however humble a degree, my so doing should result in furthering the special object Sir James Simpson's friends have at heart, and in doing honour to one who has done so much honour to the profession he loved so well.

I am, Sir, your obedient servant,

Queen Anne-street, July 4th, 1870. ALFRED WILTSHIRE, M.D.

WOMEN AS PRACTITIONERS OF MIDWIFERY.

To the Editor of THE LANCET.

SIR,—I see in your columns of June 18th, 1870, a letter on "Women as Practitioners of Midwifery," and appeal to your sense of fairness to allow me a fourth part of the space it occupied for a few words in reply.

It is hardly worth while to discuss the early part of the letter, as the second paragraph sufficiently disposes of the first. After saying that women are "sexually, constitutionally, and mentally unfitted for hard and incessant toil," Dr. Bennet goes on to propose to make over to them as their sole share of the medical profession what he himself well describes as its "most arduous, most wearing, and most unremunerative duties." In the last adjective seems really to lie the whole suitability of the division of labour according to the writer's view. He evidently thinks that women's capabilities are nicely graduated to fit "*half-guinea* or *guinea* midwifery cases," and that all patients paying a larger sum of necessity need the superior powers of the "*male* mind of the Caucasian race." Let whatever is well paid be left to the man; then chivalrously abandon the "badly remunerated" work to the woman. This is the genuine view of a true trades-unionist. It is well for once to hear it candidly stated. As I trust the majority of medical men would be ashamed of avowing such a principle, and as I am sure it would be indignantly disallowed by the general public, I do not care to say more on this point.

But when Dr. Bennet proceeds to dogmatise about what he calls our claim to "mental equality," he comes to a different and much more important question. I, for one, do not care in the least either to claim or disown such equality, nor do I see that it is at all essential to the real question at issue. Allow me to state in a few words the position that I and, as I believe, most of my fellow-students take. We say to the authorities of the medical profession, "State clearly what attainments you consider necessary for a medical practitioner; fix your standard where you please, but define it plainly; put no obstacles in our way; either afford us access to the ordinary means of medical education, or do not exact that we shall use your special methods; in either case subject us ultimately to exactly the ordinary examinations and tests, and, if we fail to acquit ourselves as well as your average students, reject us; if, on the contrary, in spite of all difficulties, we reach your standard, and fulfil all your requirements, the question of 'mental equality' is practically settled, so far as it concerns our case; give us then the ordinary medical licence or diploma, and leave the question of our ultimate success or failure in practice to be

decided by ourselves and the public." This is our position, and I appeal, not to the chivalry, but to the justice of the medical profession, to show us that it is untenable, or else to concede it at once.

I am, Sir, your obedient servant,

Edinburgh, June 21st. SOPHIA JEX-BLAKE.

INDIAN SANITARY COMMISSIONERS.

To the Editor of THE LANCET.

SIR,—In common with most other medical officers in India, I am truly glad to see that you are opposed to the continuance of those needless and expensive luxuries, the Sanitary Commissioners. What sort of men must the Deputy Inspectors-General of necessity be if they are incompetent to be the sanitary advisers of Government within their respective ranges?

Provide each Deputy Inspector-General with an additional clerk, on thirty rupees a month, abolish the Sanitary Department, and save an overtaxed people £25,000 a year. It might be well to ask the different Governments in India to specify any instance where they have been supplied with information by any sanitary commissioner, which they could not as easily and effectually have obtained from the chief administrative medical authority.

I am, Sir, your obedient servant,

May 3rd, 1870. MEDICUS.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE VACCINAL CONGRESS.

THE meeting of June 15th was far less numerously attended than the preceding one, of which I sent you a report; but, *en revanche*, it was marked by greater quiet and a more sedate attitude. Doubtless the tumultuous scene of the former sitting had scared away many assistants who, until then, had attended the meetings more as *flaneurs* than as serious partakers in the business of the congress. The proceedings of the *séance* of June 15th may be very briefly summed up as follows:—A letter from M. Durozier, in favour of animal vaccination, and giving the results of vaccinations and revaccinations performed at one of the Paris *mairies* in 1868 by MM. Lanoix and Chambon; a discourse by M. Lucas Championnière, who examined comparatively the results furnished at the Hôpital Cochin by the two methods of vaccination, and concluded in favour of the Jennerian vaccine; a communication from M. Leduc, of Versailles, mentioning that three years ago he had inoculated horse-pox on a child, and had obtained magnificent pustules, wherewith he has since performed all his vaccinations and revaccinations with the very best results. M. Lanoix again spoke in this meeting to advocate warmly the merits of animal vaccine; and, on one of the members answering, it was decided that a special committee should be named to investigate the statistical accounts presented by M. Lanoix.

In a former letter I alluded to the good which this congress, the first of its kind in France, will accomplish. Notwithstanding its shortcomings, it will furnish most valuable documents, gathered especially from the mass of letters which have been sent by provincial practitioners; and, above all, it will constitute an excellent precedent—a proof that the medical body here may organise itself into meetings and assemblies for the purpose of discussing matters of public or professional interest, without any extraordinary preparation, without any assistance from the authorities—in a word, without any of those thousand formalities which until now have been so fostered and cultivated in France.

REPORT OF THE COMMISSION D'ENSEIGNEMENT SUPÉRIEUR ON THE FREE TEACHING OF MEDICINE.

This report, which has just been issued by the High Committee appointed by the French Government to investigate the question of "freedom" of teaching, is a most valuable document, and, whether adopted or not in all its bearings by the Corps Législatif, contains the germs of most important reforms in medical education in France. The position of the School of Medicine of Paris will certainly be much changed by the adoption of any of the important clauses of the report. Want of space will not allow me for the present to insist at any great length on this very interesting question, but I may just mention that the report states that any group of individuals, if doctors of medicine, may organise a "free" school of medicine, provided they give proof of possessing a hospital with 120 beds, the necessary laboratories, scientific collections, &c.; that the present faculties be maintained as State schools; that the State schools have a jury composed of their respective professors, and before which candidates educated in the free schools may go up for graduation without the payment of any fee save that for the degree; and, lastly, that a special jury, or *jury d'examen*, be nominated by Government, to consist of judges who are professors neither at the State schools nor in the free schools, and before whom all candidates may go up for their degree.

REPORT OF THE COMITÉ CONSULTATIF D'HYGIÈNE ON THE SMALL-POX EPIDEMIC.

This report, which has just been presented to the Minister of Agriculture and Commerce, has been drawn up by MM. Husson, Fauvel, Reynaud, and L'héritier, with M. Michel Lévy as president. It commences with a sketch of the history of the epidemic, and ends by the recommendation of various sanitary and prophylactic measures, the relation of which would scarcely be of interest to your readers. It is important, however, to note a few points contained in the first part of the report, which says:—

"From January 1st to May, 1870, the epidemic has produced 4251 cases in the hospitals of Paris, of which 172 were developed within the wards (4·16 per cent.), and 683 ended in death (16·07 per cent.) Here is a proportion of mortality which already proclaims the benefit of vaccination; the more vaccination is prevalent and repeated the less does variola extend, and the more it loses its gravity.....How far removed we are from the times when variola destroyed 8 patients out of 10. But even in the centres of civilisation the need is forgotten of vaccinating and revaccinating at all ages. At the Hôpital Necker an old man of eighty-two had died from small-pox. Has it not been attempted in certain journals to denounce vaccination, and to represent it as a means of fomenting variolic contagion, at the risk of depriving credulous individuals of the only sure, if not absolute, preservative that art opposes to this disease?..... Vaccine taken from the child, and vaccine proceeding from the heifer, are both good, if well cultivated and inoculated by a competent hand."

In short, the gist of the report may be summed up thus:—1. The continued efficacy of good vaccinations. 2. The equal value of animal and human vaccine, when carefully gathered and employed. 3. The good effects of isolating the patients, which is especially insisted on at the end of the report.

Parliamentary Intelligence.

HOUSE OF LORDS.

JULY 4TH, 1870.

MEDICAL ACT (1858) AMENDMENT BILL.

ON the report of amendments in this Bill,

The Earl of LICHFIELD, in moving the amendment to Clause 18, of which he had given notice, said that, in asking for such a representation on the Medical Council as his amendment would give them, the profession were actuated by a desire to promote the interests of the public. He had heard it said that the medical body was represented indirectly, if not directly, on the Medical Council. Now, if it had no direct voice in the constitution of the colleges and universities—and it was only necessary to look into the pages of the medical calendars to see that it had not—it could not have an indirect representation on the Medical Council. It was urged, also, that a direct representation of the profession on the Council would not be worth the trouble and expense which it would involve; but he believed that the registration of the whole profession, established by the Act of 1858, rendered the carrying out of the object of his amendment a very easy matter. Another objection was

that if eight members were added to the Council, the latter would be too large. This was a matter of detail, and the difficulty might be met by linking together some more of the colleges. A petition emanating from some 10,000 members of the profession, a memorial presented to the President of the Council, and meetings held at Oxford, Leeds, Edinburgh, and Dublin, all went to show how strong was the opinion of the profession in favour of direct representation. Even at a meeting of the General Council, held to consider the clauses of this Bill, a resolution was brought forward by one of the nominees of the Government strongly recommending a larger representation, though an indirect representation. A long discussion ensued, and a decided feeling was manifested by the Council in favour of a better representation of the profession. (Hear, hear.) The clause which he proposed to insert was to the effect that the General Medical Council, after the passing of that Act, should always contain four representatives elected by the registered members of the medical profession residing in England and Wales, two representatives elected by the registered members of the profession in Scotland, and also two elected by the profession in Ireland. Although he did not wish to pledge himself as to that being the exact number or proportion of representatives of the profession who ought to sit in the General Medical Council, yet he thought their lordships should not allow the Bill in its present shape to leave the House without at least giving to that which was really the desire of the medical profession generally a fair consideration.

Earl DE GREY said it was clear that the clause could not be admitted into the Bill, inasmuch as no machinery was provided for the election of the proposed representatives of the medical profession. Although the noble Earl might think it an exceedingly easy matter to have persons elected by the universal suffrage of the medical profession, yet that could not be done by simply enacting that it should be done, without supplying any machinery for carrying it practically into effect. The noble Earl had spoken as if there could be no question that the General Medical Council should be representative of the medical profession; but whether a body ought to be representative or not depended very much on the functions it had to discharge. In his view the functions of the General Medical Council might be rather called executive than properly representative. He was aware that many members of the profession desired to impose on the Council duties which would be more likely to be properly performed by a body largely containing a representative element; but he strongly doubted the advisability of that extension of its functions, and—speaking generally, and with due reserve—he did not think it would be expedient to extend the functions of the Council in a greater degree than was proposed under that Bill. With regard to the number of members on the Council, he was inclined to think it was too large rather than not large enough, and that the proposed addition of eight members would be a serious hindrance to the proper transaction of its business, which was not that of a debating society, but should be confined as much as possible to duties of an executive description. He believed, however, that the Council was fully representative of the intelligence of the medical profession. It contained not only several most eminent members of the existing corporations, but also six members appointed by the Crown, who might be taken not merely from the profession, but from the general body of the public, whose interests were concerned in the matter as well as those of the profession. The principal duty of the Council under the Bill would be to conduct the examinations by which persons were to be admitted to the medical profession. It had another duty to perform as regarded those already in the profession—viz., that of striking practitioners off the Register for proved offences; but that was a function of a strictly judicial character, to be exercised in a strictly judicial spirit, and it hardly formed a ground for giving to the body which exercised it more of a representative character. With these views, while he should be ready to give his very careful consideration to any complete scheme which the noble Earl might propose on that subject, he owned it did not appear to him that this was the right moment when such a change should be made, nor did he think it a change from which the public or the profession in reality would derive advantage. He therefore suggested that the noble Earl should not press his clause on that occasion, but that the Bill, which had a distinct object, quite separate from that aimed at by the clause, should be allowed to pass.

The Marquis of CLANRICARDE said he thought there ought to be an element representative of the medical profession in the Council, and the requisite machinery for accomplishing that object might be easily devised. As it stood, the Bill would not give satisfaction either to the public or to the profession, and it ought not to be sent down by their lordships in its present shape to the other House. Unless the measure underwent material amendment, he should therefore feel it his duty to move its rejection on the third reading.

Earl GREY admitted that without the required machinery it would be idle to insert that clause, and that, at that late stage, it might be difficult to add to the Bill the provisions necessary to give effect to this proposal. He also thought the President of the Council was right in objecting to make the Council too numerous. But he regretted that, in effecting what was, he believed, a valuable reform in respect to the medical profession, some means had not been devised by which, without rendering the Council too unwieldy, the medical profession at large, as distinguished from the medical corporations, should be enabled to make its voice heard in the deliberations of that body.

The Marquis of SALISBURY said he had no doubt that in a full meeting of their lordships' House the principle of an elective body, such as that proposed in the amendment, would find but little favour. The principle of having a number of persons elected to represent them by a profession widely dispersed, having no means of communication or of forming a public opinion except through the medium of newspapers, was something so new—not having been applied to any other body in this country—that he should regard it with great suspicion. He had not heard that any of the more eminent members of the medical profession were anxious for the proposed change. His own opinion was that they were content with the constitution of the Medical Council, and that they would look upon this change as tending to introduce political controversy where peace now existed.

Earl DE GREY said that it was a great mistake to suppose that the number of entrances to the profession would be increased by the Bill in its present shape, and that the controlling power of the Government was weakened. The fact was that, under the Bill, there would be only a triple door of entrance—namely, the examination of the Conjoint Board in the three divisions of the country. All that the 18th Clause permitted was that the existing universities might give their degrees to whom they liked; but such degrees would confer no right to be placed on the Register, and if the holders of them called themselves by these titles for the purpose of practising, they would be liable, under the 21st Clause, to very heavy penalties. There would therefore be but this triple door, instead of the nineteen distinct and separate entrances which now existed. He hoped his noble friend (the Marquis of Clanricarde) would not pursue the course of opposing the Bill on the third reading, as he had intimated.

The Earl of LICHFIELD said his object had been gained when he heard his noble friend's statement that if the amendment had been brought forward at an earlier stage he would have taken the subject into consideration. He would not therefore press the amendment. As to the remark of the noble marquis opposite (the Marquis of Salisbury) that the leading members of the profession were not in favour of the clause, he begged to say that there was a strong feeling on the part of the leading members of the profession, even those who were nominees of the Government, and sitting in the General Council, that the Council would not exercise the influence which it ought to possess owing to the fact of its not sufficiently representing the profession at large.

The amendment was then withdrawn, and the report was received.

JULY 5TH.

MEDICAL ACT (1858) AMENDMENT BILL.

Earl DE GREY moved the third reading of this Bill.

The Marquis of CLANRICARDE, in moving as an amendment that the Bill be read a third time this day three months, said the measure would not be satisfactory to either

the profession or the public. At a very large meeting of medical practitioners recently held in London the Bill in its present shape was condemned, and a petition against it obtained 10,000 signatures. The Bill did not provide for an adequate representation of the profession on the Medical Council. The medical practitioners of the kingdom had shown themselves willing to make sacrifices in respect of the privileges of their own corporations in order that the public might be protected against incompetent persons practising as doctors, but the Bill would not give the public that protection. The noble marquis concluded by moving his amendment.

Earl DE GREY said the noble marquis had stated that the Bill in its present shape did not properly protect the public against unauthorised practitioners of medicine. Now, the object of the Bill, both as at first introduced and as it now stood, was to prevent any person from coming upon the Medical Register unless he had passed a due examination. It was true that the corporations and the universities had preserved to them under the Bill the barren right of granting degrees, but persons who, having obtained those degrees, attempted to practise medicine for gain without being upon the Register, would render themselves liable to severe penalties. He therefore could not admit that the Bill was altered in any of its cardinal principles, and he trusted that their lordships would not stop its further progress. As to the representation of the medical profession generally in the Medical Council, he had nothing to add to what he had said on that point on the previous night.

The amendment was negatived, and the Bill then read the third time and passed.

HOUSE OF COMMONS.

JULY 6TH.

VACCINATION ACT (1867) AMENDMENT BILL.

The adjourned debate on this Bill was resumed by

Mr. CANDLISH, who said it would be difficult to carry through such a measure at this period of the session; and, as the Government had consented that the whole matter should be referred to a Select Committee next session, he would withdraw the Bill.

Mr. BRUCE said there was no doubt a large number of persons opposed to vaccination, and the Government had, therefore, to consider the great administrative difficulty of carrying out the law. On that account it might be well to appoint a Select Committee on the whole subject; but he was bound to say that he did not think that any number of reasonable men could be got together who were opposed to vaccination; and there was no doubt that, by its compulsory adoption, we had almost entirely got rid of small-pox. He thought a Select Committee would expose the absurdity of the opposition to the system.

Dr. LYON PLAYFAIR said the existence of the Select Committee would induce those who were opposed to vaccination to think that there was some scientific evidence which might be adduced against it. He adduced a number of facts showing the efficacy of vaccination in diminishing the ravages of small-pox, and expressed his regret that the Government had agreed to the appointment of a Select Committee, which he considered worse than the Bill before the House.

Mr. DALRYMPLE expressed his belief that the opposition to vaccination would be best got over by the evidence in favour of vaccination which would, no doubt, be adduced before the Committee.

Mr. BRADY said the great objection to vaccination was that it caused injuries which were felt in after life, but that that was not so was conclusively proved by the fact that in Ireland, where vaccination was more general than in England, the mortality was far less than in England.

Colonel SYKES was afraid that the announcement of a Select Committee would have the effect of strengthening the opposition.

The order of the day was then discharged, and the Bill withdrawn.

THE Social Science Congress will hold its next meeting in the last week of September, at Newcastle-upon-Tyne, under the presidency of his Grace the Duke of Northumberland.

Obituary.

SIR JAMES CLARK, BART., K.C.B., F.R.S.,

PHYSICIAN-IN-ORDINARY TO THE QUEEN.

BY the death of Sir James Clark, the Queen has lost a faithful servant, the medical profession one of its wisest members, and a large circle of friends a loved and trusted adviser. At the great age of eighty-one, after a life of constant activity, he died in the full possession of his faculties, and retaining to the last his interest in public affairs. Public honours were his to a greater extent than is common in our profession; but far beyond these was the estimation in which he was held by the highest in the land, and by those who directed the affairs of the nation. This estimation he had fairly won by a career of usefulness which it is difficult to estimate aright, so unostentatious was his method of procedure, and so indifferent was he to public recognition and applause.

Sir James Clark was born in 1788, at Cullen, in Banffshire; and, after obtaining a bursary from his school, took a degree in Arts at Aberdeen. He studied medicine at Edinburgh; and in 1809 entered the medical service of the navy. He served until 1815, when, like many others, he was placed on half pay. Thrown out of employment, he settled in Rome, and continued in practice there for seven years. By the advice of many friends who had learnt to appreciate him at Rome, he determined to practise in London; and in 1826 he settled in George-street, Hanover-square, and then in Brook-street, where he remained until 1860, when he removed to Bagshot Park, which the Queen had given him for his life, and where he died, full of years and honours, on the 29th June, 1870.

Of his early life as a naval surgeon we need now say little. He was employed chiefly on the North American station and in the West Indies; and commenced there his studies on climate—a subject on which he afterwards wrote an excellent work. In Rome he soon had the leading practice, and had his attention especially directed to consumption. Readers of Keats's life will recollect how warmly his great kindness to the unhappy poet is recorded. Sir James there made many friends, and, among others, became acquainted with Prince Leopold of Belgium; and an accidental meeting with that Prince at Carlsbad, as he was on his way to London, proved to be of great consequence to him. The Prince, one of the best judges of character in Europe, found him examining the waters, and learnt that he had visited all the spas of Germany, France, and Italy. As English physicians at that time knew little of the German baths, the Prince was struck with this desire to learn their uses; and, on his return to England, he appointed him his physician. In 1834, when the post of physician to the Duchess of Kent became vacant, the Prince so reported of him to his sister that he obtained the appointment, much to the surprise and disappointment of the then exclusive College of Physicians, the Fellows of which looked on the appointment of a northern graduate very much as the bench of bishops might resent the intrusion of a Dissenter. When the Queen ascended the throne, and her *suite* had to be reappointed, a list of names of physicians was submitted to her by the premier. The Queen read the list, and at the very bottom saw the name of James Clark. She took up a pen, and, crossing out the name, wrote it at the top of the list. She thus rewarded what she already knew to be faithful, honest, and wise service; and she happily secured for herself and her children the devotion of a man who served her as no other could have done. A baronetage, which he was at first not inclined to accept, followed as a matter of course; and apparently an immense field of prosperity spread out before him. But a heavy trial, which almost wrecked his career, and for the time destroyed his happiness, soon after awaited him.

The unhappy story of Lady Flora Hastings, the lady in waiting to the Duchess of Kent, can be only alluded to. If the secret history of the time is ever written, which is

not to be desired, it will be known that Sir James Clark gave advice and counsel which, if followed, would have dissipated the cloud which, for one moment only, rested on the honour of an English lady. But here, as in many other parts of his life, he sacrificed himself for others, and uncomplainingly bore a trial which he afterwards said almost killed him. The strong common sense and honesty of the Duke of Wellington were at this time a great support to him. The effect on his practice was immediate. He lost no friends, but he made no new connexion; and it was years before the effect passed off. But he outlived it; and long before his death almost everybody knew, more or less distinctly, that he had been wrongly blamed.

With this exception, from the accession to the year 1861, his career was most prosperous. He gradually became, most unwillingly and most unostentatiously, a power in the State. Always about the Court, high in the favour of the Sovereign, and known to be greatly esteemed by the Prince Consort, he became the person to whom statesmen constantly referred for advice connected with medical matters and polity. Sir James Clark and Sir Benjamin Brodie have been, indeed, the two men through whom the influence of the medical profession has been, in our time, chiefly exerted on the State; and of the two, Sir James Clark's influence was the deepest and the most useful. He was always ready with advice, with suggestion, and wise, carefully-considered counsel. His care and conscientiousness in everything he undertook were marvellous. If asked to name a man for a medical appointment, and such requests were frequent, he would study a list of names and inquire into qualifications so rigidly that he seemed never satisfied. If asked to assist in, or if his influence had aided in bringing about, some public work, he threw himself into the task with a resolution and an abnegation of self which are most uncommon. He had the knowledge where to go for advice, and the happy faculty of sifting the advice he got and choosing the good seed. In all this he was one of the soundest and wisest men the profession has produced, and had qualities of mind far higher than many of his brethren were aware of. To him the medical section of the University of London owes its shape, and much of its usefulness; to him the College of Chemistry chiefly owes its existence; and many other institutions much of their support. In all this part of his career, which can hardly be called public, he was guided by motives the purest and most conscientious. There never was a man more happily fitted for the post.

But the choice of James Clark as the medical adviser of the Queen and the Prince was no less fortunate. To say that he was devoted to this service is to say little; it became a part of his heart and life. And he had one most valuable quality. He had the power of reticence. Of all the Court and high aristocratic life which he saw; of all the secrets which must have been confided to him; of all the secret political history of the time, of which he knew much,—not a word was ever said by him. It may be confidently predicted that he will leave no record or notes behind him of all that Court life which he knew so well. In fact, it was almost singular how careful he was in this respect. In the hours of the most familiar intercourse, if the conversation turned on the Court, although one could perceive his profound devotion to the Queen and to the Prince Consort, and his interest for the Royal children, the listener would hear nothing from him of the doings at the Court. He was in the fullest sense of the word a faithful servant. If he ever spoke freely about character, it was with reference to the Prince Consort, whom he knew thoroughly, and for whom he entertained feelings both of affection and veneration.

In 1860 he prepared to give up the hard work of practice, and to gradually hand over his Court duties to a successor. He had carefully selected that successor, being guided in the choice, as in all other cases, by the simple desire to choose the very best man for the post. The untimely death of Dr. Baly was a great blow to him, but he was fortunate in finding one in whom he had equal confidence. It seemed as if his long and faithful services were to be rewarded by leaving the Court without a single death having occurred among its members during the time. But this was not to be, as in 1861 the death of the Prince Consort broke his spell of good fortune. He felt this loss most deeply, and his only consolation was that, happily, in Sir William Jenner he had selected a man who was the best fitted in all England for the treatment of the disease of which the Prince died.

A few months after the death of the Prince, he lost his wife, to whom he was tenderly attached, and a dark cloud seemed settling over the evening of his days. But with his usual wisdom, he found comfort in usefulness. Although he had retired from practice, his aid was still constantly sought. He was still at the service of Her Majesty, and assisted Sir William Jenner in every possible way, and he was ready with advice and aid for the many persons who constantly applied to him. After he was seventy-eight years of age he wrote a biography of Dr. Conolly, which is truly excellent, and which, as the production of a man on the extreme verge of life, is nothing short of marvellous. It was not only his friendship for Conolly which impelled him to this exertion; it was even more the desire to place the last stone on the edifice which Conolly helped to build, and thus to render the humane treatment of the insane a matter from which there should be no retrogression.

If in a few words we can venture to draw the character of Sir James Clark, we should say that what was most remarkable was the singular balance of all his faculties. He was not a man of great originality nor of great quickness; and a feeling of reserve, and what in younger days must have been shyness, prevented him from always doing justice to himself. But the more one knew of him, the more his mind was appreciated, and his remarkable and indeed singular adaptedness for the position he filled was recognised. There were two qualities which distinguished both his mental and moral qualities. The first was justice. In his mode of thought on any subject he was eminently just; no matter if it were a scientific problem or a moral question, you saw that his mind was balancing it like a pair of scales, and that false weights were an abomination to him. The other quality (if it were indeed different) was his directness; he saw the point, and no amount of circumlocution drove him off it. It was easy for a great talker to silence him; but he was never convinced, and would never act, without good reason. Moreover, though singularly modest in his judgment of himself, he was bold in his decisions, and had no fear of consequences when he had made up his mind what was right. No man cared so little for popularity; in fact, he had no ambition, and no covetousness either for fame or money. There was no man whom it was more agreeable to consult in any difficulty. His feeling of friendship was so strong, his sympathy so ready, his patience so great, and his reasoning and decision so large and clear, that he inspired the utmost confidence.

As a physician he was nearly perfect; he had great knowledge, experience, and patience. He was of a nature very compassionate and sympathetic, and his moral treatment was as good as his medical. He used medicines with skill and caution; but he was also an ardent sanitarian. Andrew Combe had at one time much influenced him, and in his turn he had some share in shaping the direction which that able man took in medicine. It was a labour of love to him to edit, some six or eight years back, one of Andrew Combe's excellent works on Hygiene.

The manners of Sir James were singularly simple and unassuming. Anything like self-assertion was not only foreign to him, but was inconceivable. He retained his Scotch accent to the last, and had a Scotchman's love for his own country and his own kin. Yet it illustrates his character to say, as it may be said with truth, that when called upon to decide between two men, he never allowed this feeling to influence him. He studied to do justly, without regard to race, or rank, or influence of any kind.

It may be said that we have drawn a character too perfect to be natural, and that a feeling of friendship has traced lines too favourable to be always true. Those who knew him best will certify that this is not so. After an intimate knowledge of him for many years, and after opportunities of comparing him with others, we place him at the head of all the physicians of our time, if not in profound knowledge, yet in real wisdom, discretion, and goodness. We can conscientiously say we have known none like him, and know no one who can ever fill his place.

For some years he had not been strong, and two years ago was brought to the verge of death by severe bronchitis. He was feeble during the whole of last winter, but seemed better, and was talking of a journey to Scotland, when he was seized with bleeding from the stomach, and in a few days tranquilly and easily died.

THE ELECTION AT THE COLLEGE OF SURGEONS.

THE annual election of Councillors at the College of Surgeons, on Thursday last, passed off remarkably quietly, there being no attempt, as in previous years, to address the meeting, and the interest taken in the whole proceeding being apparently on the wane. The poll was opened with the usual formalities at 2 o'clock by the President (Mr. Cock), and the voting went on slowly but steadily until nearly 4 o'clock, when "time" was called in the usual way; but the constant arrival of voters before the allotted ten minutes had expired rendered it necessary to keep the ballot open until the full three hours had elapsed.

The result of the ballot was announced as follows:—

Mr. Erasmus Wilson	...	...	...	121 votes.
Mr. Henry Lee	...	...	...	112 ,,
Mr. Spencer Wells	...	...	...	80 ,,
Mr. Holmes Coote	...	...	...	80 ,,

Mr. Wilson and Mr. Lee were therefore declared elected.

The number of plumpers for each candidate was as follows:—Mr. Wilson, 29; Mr. Coote, 22; Mr. Lee, 19; Mr. Wells, 9.

The number of votes recorded was 234.

Medical News.

APOTHECARIES' HALL. — The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on June 30th:—

Willmore, Frederick William, Walsall.

The following gentlemen also on the same day passed their first professional examination:—

John William Fordham and Cyrus James, London Hospital; John Edw. Richards, University College; Thomas Stafford, St. Bartholomew's; James M'Dougal Tudge, Guy's; Samuel Wilson, Newcastle-on-Tyne.

UNIVERSITY OF ST. ANDREWS.—The following gentlemen, on the 27th of April last, after examination, received the degree of M.D.:—

Browne, William, Lichfield.
Hunt, William J., London.
King, Thomas, Rochford, Essex.
Kriekenbeek, Charles A., Colombo, Ceylon.
March, John, New Wandsworth.
M'Kellar, Edward, Bengal Army, London.
Reeves, William, Carlisle.
Robinson, John, Midhurst, Sussex.
Walker, Hugh E., Chesterfield.
Walker, W. H., Aldbro', Darlington.

THE RECENT MIDWIFERY ELECTION AT EDINBURGH.—A meeting will be held at 5 o'clock on Monday afternoon, the 11th instant, in the rooms of the Medical Society of London, 32A, George-street, Hanover-square, London, W., to consider the recent election to the Chair of Midwifery in the University of Edinburgh, and the general question of the mode of election to the Professorships in that University. All who take an interest in the welfare of the Edinburgh School of Medicine, and the advancement of University education, are earnestly invited to attend. Gentlemen unable to attend are requested to send their views in writing, addressed "To the Chairman of the Meeting."

BARON LIEBIG, though still weak, is able to walk in his garden daily, and proposes to spend a few weeks in the Engadine.

A LEGACY of £2000, from the late Alfred Davis, Esq., has been acknowledged by the Secretary of the Royal Institution of Great Britain.

THE University of Vienna has decided to admit women to all the advantages of its medical school, and two female students have already availed themselves of the privilege.

SEWING MACHINES.—At the meeting of the Academy of Sciences of Paris, on May 2nd, M. Decaisne stated that he had collected the cases of 661 women working these machines, and had come to the conclusion that the machinists do not suffer in their health when they are not overworked, as is unfortunately sometimes the case.

Medical Appointments.

BENNETT, J. H., M.D., has been appointed Medical Officer to the Redcar Board of Health.

COCKERTON, H. M., M.R.C.S.E., has been appointed Medical Officer for the Berriew District of the newly formed Forden Union, Montgomeryshire.

FAIRLES, N. W., M.R.C.S.E., has been appointed Medical Officer for the Montgomery District of the newly formed Forden Union, Montgomeryshire.

GRIGG, J. C., L.R.C.P.L., has been appointed Surgeon to the Great Western and Bristol and Exeter Railway Provident Society, vice Benj. J. Webb, M.R.C.S.E., deceased.

HARRISON, A. R., M.D., has been appointed Resident Medical Superintendent of the General Lunatic Asylum, Douglas, Isle of Man, vice J. T. Hingston, M.R.C.S.E., appointed to the North Riding of Yorkshire Lunatic Asylum, Clifton.

HAWARD, J. W., L.R.C.P.L., F.R.C.S.E., has been appointed additional Assistant-Surgeon to the Hospital for Sick Children, Great Ormond-street.

HELLAS, M. L., L.R.C.P.L., has been appointed a Medical Officer to the Haverstock-hill and Malden-road Provident Dispensary, vice J. Orwin, M.D., resigned.

HICKMAN, J., L.S.A.L., has been appointed Medical Officer for the Werthen District of the newly formed Forden Union, Montgomeryshire.

HIGGINS, Mr. C., has been appointed House-Physician at Guy's Hospital for July, August, and September.

HUDSON, H. B., L.K.Q.C.P.I., has been appointed Assistant-Surgeon to the Odd Fellows' Medical Aid Association, Newport, Monmouthshire.

LOWNDES, F. W., M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Parish of Liverpool, vice E. Adam, L.K.Q.C.P.I., resigned.

MALLAM, Mr. W. P., has been appointed House-Physician at Guy's Hospital for October, November, and December.

MITCHELL, H., M.B., has been appointed Medical Officer for the Cockermouth District No. 2 of the Cockermouth Union, Cumberland, vice W. P. Murphy, L.R.C.S.I., resigned.

MURPHY, Mr. S. F., has been appointed House-Surgeon at Guy's Hospital for November and December.

NUNNELEY, F. B., M.D., has been appointed additional Assistant-Physician to the Hospital for Sick Children, Great Ormond-street.

O'CONNOR, J., M.D., has been appointed Medical Attendant to the Constabulary, Ardfert, Co. Kerry, vice Wm. Sealy Barry, L.R.C.P.Ed., deceased.

OLDHAM, Mr. C. J., has been appointed House-Surgeon at Guy's Hospital for September and October.

RAYNER, Dr., has been appointed Assistant Medical Officer at the Bethlehem Royal Hospital for Lunatics, vice H. L. Kempthorne, M.D., deceased.

SAUNDERS, Mr. W. E., has been appointed House-Surgeon at Guy's Hospital for July and August.

SHAW, T. C., M.D., has been appointed Medical Superintendent of the Metropolitan Asylum District Asylum at Leavesden.

THOMAS, J. D., M.B., F.R.C.S.E., has been appointed Resident Medical Officer at University College Hospital, vice G. V. Poore, M.B., resigned.

THURSFIELD, W. N., M.D., has been appointed Medical Officer of Health for Wellington, Salop, vice J. W. Snook, L.R.C.P.L., deceased.

WILLIAMS, J. F., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Eythorne District of the Eastry Union, Kent, vice Chalk, deceased.

WOOD, J., L.A.H.D., has been appointed Resident Apothecary at the County Infirmary, Cashel, Co. Tipperary, vice J. Graham, M.D., deceased.

Births, Marriages, and Deaths.

BIRTHS.

CRESSWELL.—On the 26th ult., at South Norwood, the wife of A. Cresswell, M.D., of a son.

EVANS.—On the 22nd ult., at Penwortham, Lancashire, the wife of A. G. Evans, M.R.C.S.E., of a son.

FINCH.—On the 30th ult., at Blackheath, the wife of R. Finch, M.D., of a daughter.

RICHARDS.—On the 1st inst., the wife of F. W. Richards, M.B., of Winchester, of a daughter.

ROBINSON.—On the 17th ult., at Halesworth, Suffolk, the wife of Andrew Robinson, L.R.C.P., of a daughter.

MARRIAGES.

ELLIS—WOOLER.—On the 30th ult., at the Parish Church, Mirfield, Yorkshire, Joseph Rhodes Ellis, M.R.C.S.E., of Dunbottle House, to Harriet Wooler, daughter of the late Charles Wooler, Esq., of Ledger Mill House, all of Mirfield.

WALKER—FANSHAWE.—On the 27th ult., at the British Consulate, and afterwards at the English Church, Turin, Dr. Sanderson William Matthew Walker, second son of the late Dr. Walker, of St. Michael's, Azores, to Rosa Ellen, only child of the Rev. Charles Simon Faithful Fanshawe, Rector of Upham, Hants.

DEATHS.

BARNETT.—On the 29th ult., T. W. Barnett, M.R.C.S.E., of Fore-street, Limehouse, aged 70.

FOX.—On the 28th ult., at Brislington, C. J. Fox, M.D., of Fairholme, Torquay, aged 63.

FRANZ.—On the 28th ult., at Oxford-terrace, Hyde-park, J. C. A. Franz, M.D., formerly of Brighton, aged 63.

INGRAM.—On the 4th of April, on board the "Celt," bound to the Cape of Good Hope, W. G. L. Ingram, M.R.C.S.E., of Midhurst, Sussex, aged 41.

PRICE.—On the 30th ult., Edward Price, L.S.A.L., of Ivinghoe, Bucks.

SHELTON.—On the 24th ult., at Bromyard, Herefordshire, Haswell Delabere Shelton, M.R.C.S. (of malignant scarlet fever, after three days' illness), aged 26.

CORK MEDICAL PROTECTIVE ASSOCIATION AND THE BILL.

To the Right Honourable and Honourable the Lords Spiritual and Temporal in Parliament assembled.

The petition of the Committee of the County and City of Cork Medical Protective Association, humbly sheweth,—

That the experience of the last twelve years has convinced your petitioners that the efficiency and usefulness of the General Medical Council of Great Britain must remain extremely imperfect until considerable modifications in its constitution and working are effected; and your petitioners therefore regret that that body has been allowed to retain its original form for the purposes of the Medical Act, 1870.

That the modifications which appear to your petitioners essential to the successful working of the measure now before your honourable House are—

1. A reduction in the number of its members from its present cumbersome dimensions to one better calculated to accomplish practical results.

2. A more equable representation of the various bodies interested than at present exists. The representation might include the Universities, the other Licensing Bodies, and the General Body of the Medical Profession of the United Kingdom; the Crown; with the Medical Directors-General of the Army and Navy.

3. More frequent sessions of the Council, or the appointment by it of an authorised permanent executive, or both; the few days at present given once in the year to its important and multifarious requirements being utterly inadequate to the attainment of any beneficial results.

That your petitioners are strongly of opinion that the appointment of one examining board for the three kingdoms is the surest way to secure uniformity and efficiency of examination, and that the examiners should test practically, as well as theoretically, the qualifications of all candidates for the licence to practise.

That your petitioners cordially approve of the recommendation by the Board of Trinity College, Dublin, that after each State examination the names of the successful candidates and the numbers of their marks should be published, together with the names of the medical schools at which they had received their education, as is at present done by the Army and Navy Boards, and that no candidate should be admitted to examination until he had proved that he had received a regular medical education from some duly qualified body.

Finally, that your petitioners look upon it that, unless the third paragraph of Clause 22 of the proposed Medical Act be made imperative, and a prosecutor to be authorised by the Council be appointed, it is almost certain to become a dead letter.

And your petitioners will ever pray.

Signed on behalf of the Committee,

JOSHUA R. HARVEY, M.D., Chairman.
CHARLES ARMSTRONG, M.D., Hon. Sec.

Notes, Short Comments, and Answers to Correspondents.

SOUTH-WESTERN DISPENSARY.

THE Committee of this well-conducted charity have issued their first Report, which speaks more eloquently for its usefulness than any amount of special pleading. The district over which its benefits are distributed is one of great and growing importance, while its selection of objects deserving of relief is so judicious as to make it co-operate rather than interfere with the local practitioners. Liberally as it is supported, and carefully as its funds are bestowed, its outlay was last year in excess of its income, so that the institution commences its second year with an adverse balance of £130, notwithstanding the services volunteered and performed by Drs. Bevise and Cunningham, and Messrs. Cass and Cooke. We hope the public will make a substantial acknowledgment of the claims so modestly set forth, but so signally well founded, of this useful charity.

Q.—We know of no regulation which forbids a Fellow of the College of Surgeons to dispense his own medicine, and to charge for it. But the practice of pretending to give advice gratis, and then charging an ordinary practitioner's fee for medicines supplied, is objectionable and undignified in a Fellow of the College.

"GOING TO THE DOGS."

AN odd change is taking place just now in a West-end establishment. A homœopathic chemist's shop is about to be converted into what is announced as "a canine infirmary." Is this a euphemism for "going to the dogs"?

Mr. Thos. Davidson (Berwick-upon-Tweed) is thanked for his offer.

THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Had your correspondent, "Pro Bono Publico," read my letter more attentively, I think he would have discovered that the sentence he quotes was not penned unwittingly, but as a summary of the pith and marrow of the argument set forth by the advocates of the general staff system; and your correspondent's uncertainty in recognising anything very marked or forcible in its character, I think tells rather in my favour, or that of the regimental system *versus* the staff. I am sure, at least so far as the general opinion of medical officers is of any value, it would speak for a continuance of the *present* state of things. I do not believe the proposed change is the offspring of any nobler motive than *economy*, and to get as much hard work for the money as can possibly be screwed out of reduced establishments. As to sentiment, &c., your correspondent may disbelieve in it as much as he likes; but, nevertheless, it has been, and will be, a shield of defence to many a noble and worthy object.

Your obedient servant,

July, 1870. MACHAON.

WOMAN'S RIGHTS.

AT a performance which recently took place at the Rosemgle Recreation Grounds, a female acrobat, called Fraulein Laura, had a very narrow escape, owing to one end of the supports giving way just as she had ascended the high wire. She had the good luck, however, to fall between the ponderous shear poles, and escaped with no other injury than a terrible fright to herself and "a sensation" to the audience. This female Blondin does not appear to go through her part alone, but a child ordinarily accompanies her on the wire. Such exhibitions as these seem to us both cruel and demoralising. If men think fit to incur these risks, the case is different where women and children are concerned. These are generally driven by poverty to undertake anything likely to pay, and they are at the mercy of their fathers, their husbands, or the proprietors of exhibitions. Why do not some of the strong-minded, energetic women, who are so loudly asserting the claims of their sex, seek to get these performances interdicted? It is time for the law to step in for the protection of the children at any rate, and, indeed, the sooner exhibitions of female Blondins are prohibited the better.

Mr. G. E. Etheridge (Bromyard.)—The article must have miscarried.

THE PURIFICATION OF PRE-BREATHED AIR.

To the Editor of THE LANCET.

SIR,—Four elements, carbon, hydrogen, oxygen, nitrogen, lie at the foundation of the human organism; form, as it were, its quaternaid of vitality. The atmosphere, as rich in the last two of these elements, is, physiologically, food—material, that is, from without destined to be assimilated within the body. As proof practical of this, contrast many highly-fed but anæmic denizens of large towns with such as are, in the country, though sparsely fed, at the same time rosy, healthy, and well nourished; and credit the difference, in great part at least, to the nutrimental properties of air, care being, of course, first taken to select cases free from lung disease. Pathologically, phthisis is born of foul confined air, just as much as typhoid fever of bad water, or dyspepsia frequently of improper articles of diet. Emphatically it is the disease of bricks and mortar. On the double grounds, therefore, of physiology and pathology (sciences which, rightly interpreted, ever walk hand and hand, and should be studied together, the former being the basis of the latter even more truly, if possible, than anatomy is of surgery), no question of hygiene can be more pressing than how constantly to provide a healthy in-door atmosphere for respiratory and other purposes; and this particularly in large shops, workrooms and factories, churches, schools, and courts of judicature, theatres, assembly-rooms, and places of public resort generally, with last, yet certainly not least, dormitories; for, as in these most people of necessity continuously pass more time than in any other apartment, and as, further, during sleep the restorative processes are most active, and the susceptibility to morbific influence is at its maximum, here, above all, is it important that the external surroundings should be favourable. How far they ordinarily are so, let anyone (a medical man going to a night case, for example) satisfy himself by the evidence of special sense upon entering even a spacious bedroom occupied by a single individual. As for the remedy of keeping the window slightly open all night, not to mention the disturbing influence of traffic, &c., in a climate like our own it is during a considerable part of the year inapplicable in the case of the delicate—those, that is to say, who most stand in need of it. To resume, however. There are two conceivable methods of ensuring a healthy in-door air. First, that of its constant renewal by processes of ventilation—a problem beset with great practical difficulties as yet certainly far from being fully overcome. Why then should we not conjoin with this (acting in the line of supplement, not of course of substitution) the second possible mode of meeting the case—call chemistry to the rescue, and endeavour to purify the air already breathed, as well as get all the fresh supply we can? The work to be done would here be twofold. First, the removal of the injurious carbonic acid expired; secondly, the supply of fresh oxygen for that consumed in inspiration. The former purpose could be secured most easily, and at an expense merely nominal, by the simple expedient of having a number of small tanks or vessels filled with lime-water scattered about the room, with a due supply of fresh lime at the bottom for the water to redissolve, in place of that precipitated as carbonate of lime by the absorption of the carbonic acid of the air. If any forms of animal or vegetable life could be found to thrive in these hygienic aquaria, thus combining beauty with utility, so much the better. The necessity for a fresh supply of lime at the bottom would, of course, be indicated when the supernatant liquid ceased to become milky when breathed into. Next for the supply of fresh oxygen. In this case we want a compound at once rich in that element, and yet easily parting from it, the medium of decomposition being, if possible, the simple one of the animal heat evolved in respiration. Have we not such a compound in permanganate of potash, and would it be too expensive for the purpose? The only thing to guard against is not surcharging the air with an excess of oxygen, so as to render it overstimulating. To prevent this, we need to add a self-registering apparatus for constant quantitative analysis of the amount of oxygen in the air, supplementing this amount when deficient in the way above named.

In conclusion, I would commend these thoughts to the consideration of practical chemists and physicians. Should I, however, have overlooked any previous suggestions in the same direction from any other quarter, it may, perhaps, be excused by the incessant claims of arduous country practice—claims which clip the wings of wide research,—and this contribution be then taken simply as a fresh tribute to the undoubted importance of the subject, and a stimulus to the renewed exertions of those best able to cope practically with its difficulties.

Yours truly,

Dunster, Somersetshire, June, 1870. H. JENNINGS, M.D., &c.

Dr. J. Northcote Vines must use his own discretion about continuing to forward the document he alludes to. We certainly cannot pledge ourselves to publish it. All communications to THE LANCET must rest entirely on their own merits as regards their chances of being noticed.

£ need not be alarmed. The Lords do not oppose a money Bill. The Bill is therefore safe.

Mr. J. A. Fisher.—No. The qualification is a surgical one only.

THE AUSTRALIAN CLIMATE AND DISEASE OF THE LUNGS.

THE *Age* (Melbourne) has an article strongly condemning the practice of sending patients with consumptive disease in any other than an early stage to that climate. The *Age* is, doubtless, right. That the Australian climate is not capable of arresting tuberculosis when much advanced is rendered probable by the large mortality from it in the Melbourne Hospital. Of all the patients who die in this hospital, one-fourth die from phthisis. The article was written in strong disapproval of a paper lately read before the Medical Society, recommending a voyage to the Australian colonies even to patients in the more advanced stages of consumption.

M.D. Edin. is thanked for his communication. He will find the matter commented on in another column.

THE HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—In a letter dated May 26th, and signed by Messrs. E. W. Howe and Co., of Aldermanbury, London, which appeared in the columns of your esteemed journal, those gentlemen criticise some advertisements relating to hydrate of chloral. I should not think it worth while to take any notice of such an article had not Messrs. E. W. Howe and Co. implicated my name in their advertisement. They assert that their chief manufacturer is a particular friend of mine, that he was the first who made hydrate of chloral for me, and that he worked with me, and therefore would "probably" also be in possession of my process of preparing that substance.

Concerning these remarks of Messrs. Howe and Co., I have to state that they are *untrue*, and that no one has worked *with me* on hydrate of chloral. I must especially remark that not one of those chemical manufacturers who in general prepare the finer chemicals were able to procure for me *one* grain of chloral, and that I therefore was obliged to prepare the substance used in my experiments myself.

For the sake of elucidating this question, I must inform you of the position in which I stand with regard to the chloral hydrate brought into commerce under my name, and warranted by me.

In publishing my researches on the physiological action of the hydrate of chloral, I immediately saw that in manufacturing that substance on a large scale the public would be in danger of being supplied with an impure substance; and immediately after the publication of my results I made an arrangement with Drs. P. A. Martins and P. Mendelssohn-Bartholdy, in whose works at Rummelsburg, near Berlin, the hydrate of chloral was manufactured for the first time on a large scale, to examine the produce of every operation before it leaves the factory, and thus to guarantee the purity and the therapeutic properties of their products. Such a measure seemed to me of great importance for the success of a new medicine, introduced first by me. It is quite obvious that I can only guarantee with my name the chloral hydrate manufactured by Drs. P. A. Martins and P. Mendelssohn-Bartholdy. The patent which I have taken for the application of chloral hydrate in England is also in the hands of Drs. P. A. Martins and P. Mendelssohn-Bartholdy. So far as I know, those gentlemen have entrusted Messrs. Kunheim and Co., of Berlin, with the sale of their products. Such is the state of the question.

I remain, Sir, your obedient servant,

Berlin, June 24th, 1870. DR. OSCAR LIEBREICH.

Agricola.—The Poor-law Board has undoubtedly the power of raising the salaries of medical officers who are insufficiently paid, and has frequently exercised that power, although not very lately.

T. M.—It would be an unwise refinement to regard such a case as our correspondent describes as other than scarlatina.

THE A.B.C. SEWAGE MANURE.

To the Editor of THE LANCET.

SIR,—In your notice of the introduction of the A.B.C. process at Hastings, I perceive that, though you quote, you do not endorse the correctness of, the statement that the manure produced sells for £5 a ton, still less that it will prove worth that amount; and I beg leave to suggest that before that is accepted as true, a *fair* sample of the manure (not one selected for the purpose) should be subjected to analysis. I have had a sample of that sold at Leamington analysed, and instead of being worth 70*s.* per ton, which was its nominal price, its estimated value was considerably less than £1 a ton. It is, of course, possible that the sample procured for me was unusually poor, but it was not selected; it was taken out of a bag as sold to the farmers, and analysed by an experienced agricultural chemist to decide whether it was worth buying at its price. This is a point to be clearly proved before any heavy expense can be prudently incurred, and the proof is very easy and direct. It has a suspicious appearance that no analysis of the elements contained in the so-called native guano is published by the promoters of the Company. The fact that farmers give £5 a ton for it, even if true, does not prove that it is worth so much; for I have been told that the dried mud obtained from the Leicester sewage sold at first at a high price, and now is hardly worth carting away. Mere practical men, though very suspicious, can often be humbugged easily enough, especially if those who deceive them are themselves deceived, as is, I suspect, the case in this instance.

Your obedient servant,

July, 1870. H. H. P.

*** It was quite impossible to express any opinion as to the agricultural value of the manure produced by the A.B.C. process from the very cursory inspection which was obtainable last week. But it is fair to state that the Directors of the Company have proposed to conduct the entire operations under the inspection of our Commissioner and of two other gentlemen possessing the confidence of the Metropolitan Board of Works; the sole stipulation being the immediate publication of the results obtained. Until this is done, it must be premature to express any opinion on the subject. If the Metropolitan Board does not embrace the offer, the Company would, in our opinion, do wisely to allow us to submit a list of gentlemen from whom a selection might be made.—ED. L.

THE BATHS OF BATH.

WE notice in the Bath newspapers glowing eulogies of the healing virtues of the Bath waters, illustrated by cases, some of them centuries old, others recent, and associated with the names of living practitioners of that city. The latter procedure seems to us open to criticism, and very much as if a few of the practitioners of Brighton or Eastbourne were to come to a friendly understanding with the bathing-machine proprietors to tack on their names to an advertisement of cases benefited by sea-bathing.

"HOSPITAL SUNDAY."

To the Editor of THE LANCET.

SIR,—As I know you are interested in the "Hospital Sunday" movement, and have frequently advocated its extension, I have great pleasure in forwarding to you some details of the successful working of the scheme in this district, the publication of which may perhaps induce others to take action in the matter, and gradually lead to its universal adoption.

The day fixed for "Hospital Sunday" in this district was the 15th of May, and was observed in 110 places of worship. The total sum collected was £618 19*s.* 7*d.*, and more collections are yet to come in. This is greatly beyond the expectation of the most sanguine; but there is little doubt that it will be equalled, if not exceeded, another year. The working classes were greatly interested in the movement, and turned out in great numbers. All the Clubs and Benefit Societies met at their respective lodge-rooms, and marched in procession to the various churches; so also did the Volunteers. This action on the part of the working classes was entirely spontaneous, and therefore the more gratifying to the promoters of the movement. They intend to make this an annual custom, and many regret that they had not more time to prepare for it this year. They intend to save, and make larger donations another year. The amounts collected were larger than was expected—larger than the sums collected on ordinary occasions, and in several cases double the sums collected when the claims of only single charities have been advocated. In a few churches the amounts were three and four times as much as when collections have been made for only one charity. This is, of course, a great argument for making all the charities participators in the benefits of the movement. The amount raised for our medical charities in previous years by congregational collections averages about £90; so that when the claims of all our charities are pleaded at the same time the amount is nearly seven times as great. A general wish has been expressed that the movement may become universal. I heard one clergyman state that the movement was such a good one that he had only one amendment to suggest, and that was, that "Hospital Sunday" should be observed through the length and breadth of the land.

In conclusion, I shall be happy to furnish any of your correspondents who may be endeavouring to establish "Hospital Sunday" with the details of the way in which we have succeeded in obtaining for the medical charities of Cumberland and Westmorland the benefits of simultaneous annual collections.

The funds collected have now been allocated by the Committee. Of the sum in hand, £276 3*s.* 5*d.* had been specially appropriated by various clergymen, and was accordingly allocated as follows:—Cumberland Infirmary, £118 6*s.* 1*d.*; Carlisle Dispensary, £36 0*s.* 3*d.*; Carlisle Fever Hospital, £23 8*s.* 9*d.*; Cumberland and Westmorland Convalescent Institution at Silloth, £75 3*s.* 5*d.*; Whitehaven and West Cumberland Infirmary, £23 4*s.* 11*d.*; Of the £308 9*s.* 2*d.* left to the Committee to apportion, they agreed to apportion £300, the remainder being required for necessary expenses. They divided it as follows:—Cumberland Infirmary, £90; Whitehaven and West Cumberland Infirmary, £70; Carlisle Dispensary, £50; Carlisle Fever Hospital, £50; Cumberland and Westmorland Convalescent Institution at Silloth, £40. Thus it appears that the two infirmaries received more than one-half of the divided money. The general result is that the five charities will benefit as follows:—

Cumberland Infirmary	£242 13 1
Carlisle Dispensary	86 0 3
Carlisle Fever Hospital	73 8 9
Silloth Convalescent Institution	115 3 5
Whitehaven and West Cumberland Infirmary.	93 4 11
Total	£610 10 5

Since the division of the money, the sum of £2, collected at the English Church at Whitehaven, has been received, and this and other sums that may yet come in will be allocated at some future meeting.

I am, Sir, your obedient servant,

Carlisle, June 25th, 1870. HENRY BARNES.

Dr. Maurice Evans.—Our correspondent may well characterise the statement, that "nine hundred cases of hydrophobia were treated during last summer in the London hospitals," as an astounding piece of intelligence.

Mr. D. E. Bernard (Bristol) is cordially thanked.

HERPES IRIS.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me of the best treatment for the above disease, as I suffer from two or three attacks every year, and have been subject to it for the last eight or ten years. The hands seem the favourite place for the eruption to appear, although there are a few spots upon the legs and arms, and lately they have shown themselves upon the inside of the lower lip. The disease first appears as a small pimple, which increases in width, is vesicular for the first three or four days, accompanied by great itching and burning; then it assumes more of an erythema; the heat and itching abate; the spots now become paler in colour until they totally disappear, after which the skin (where the spots were) desquamates. The health is not the least affected. I feel nothing from it except the irritation (which is sometimes very severe), and the inconvenience of my, as a medical man, having an eruption on the hands. It generally totally disappears in about a fortnight. I have taken arsenic, liquor potassæ, and seidlitz powders, but with no benefit, for the eruption still keeps on coming.

If any of your numerous readers would recommend a remedy, they would greatly oblige,

Yours truly,

June 29th, 1870. MEDICUS.

An Inhabitant of Whitehaven sends us a communication, bewailing the state of things brought to light in that town by Dr. Buchanan's Report, and laying its unhealthy condition mainly to the charge of the Lord of the Manor, who, it is alleged, exercises his power over the soil so as to prevent the extension of house building necessary to diminish the overcrowding of the population. "Whitehaven," our correspondent says, "has no working men's houses, because the Lord of the Manor owns all the land, and none of it can be got, even on lease, to build the kind of house that the working man can pay rent for." We hope this is an exaggerated account; for we are loth to believe that any landowner could so far forget that property has its duties as well as its rights.

SCARLATINA IN TROOP-SHIPS.

To the Editor of THE LANCET.

SIR,—As the letter of your correspondent, "Outis," which appeared in your issue of the 26th February last, is calculated, and evidently intended, to lead to the erroneous impression that troops were embarked at this station for England in a vessel infected with scarlet fever, and this, too, in disregard of the remonstrances of medical officers, and that no precautions had been taken to purify the vessel, allow me, as one of "those concerned" by the accusation, to furnish you with the following facts, which you may rely upon, as they were officially reported to me by the medical officer in charge of the troops on board.

H.M.S. *Orontes*, with drafts, arrived at Simon's Bay on the 17th June last. On the 16th an officer of the 32nd Regiment complained of sore-throat, and the following day his case was pronounced scarlet fever, when he was *at once* removed from the ship, and put on board a receiving hulk till preparations could be made to receive him into the Naval Hospital. His bedding was sent on shore to be washed, and was not received again on board for more than a month afterwards. His cabin was *immediately* scoured with soap and water, and afterwards disinfected with vinegar and carbolic acid, and it was not again occupied for some weeks.

The next case reported was that of a child, which was attacked at King William's Town a few days after disembarkation, and after having been eleven days on board. On hearing of this case, I telegraphed regarding it to the senior medical officer at Cape Town, in order that the state of health on board might be ascertained before the 99th Regiment embarked, and I received through him a report from the medical officer in charge, dated July 26th, that no fresh case had occurred on board, and that it seemed more probable that the child had caught the infection on shore, because it had been very intimate with a family in whose house scarlet fever had appeared a short time before; whereas it had never been near that part of the ship in which the officer's cabin was, although a number of children who were constantly in its neighbourhood escaped contagion.

No fresh case occurred until the *Orontes* was near Ascension, when the disease showed itself amongst the women and children, about a *fortnight* after the last of the troops had embarked, and nearly *two months* from the date of the officer's seizure.

When these dates are compared, and it is remembered that the women and children embarked from a crowded barrack situated on the purlieus of Cape Town, and that dropping cases of scarlatina were occurring throughout the colony about the same time, it appears as reasonable to suppose that the contagion which caused this last outbreak was brought on board, as that it lingered from a solitary case which had been only a few hours in the ship, and in which such prompt disinfecting means had been adopted; and if it should appear from the Returns that the women and children *last* embarked were the *first* to suffer, the evidence of their having imported the contagion would be almost conclusive.

A man and a child of the 2nd batt. 11th Regiment, who had been on board the *Orontes* four or five days *two months* previously on passage from Port Elizabeth to Cape Town, were seized with scarlet fever in the barrack above referred to, and they both died.

These two cases exhaust the casualties from scarlet fever; they cannot with any show of reason be traced to the *Orontes*, but they strengthen the suspicion of a common origin with the cases which occurred off Ascension—viz., the filthy and insanitary state of that part of Cape Town in which the barracks are situated.

This is not, however, to the purpose; my object being to show that no necessary sanitary precaution was neglected, that the *Orontes* had had a clean bill of health for forty-one clear days before the 99th Regiment embarked, and that the circumstances of the case were not such as would have justified me in recommending the general officer commanding to delay the embarkation.

I remain, Sir, your obedient servant,
J. M. GRANT, M.D.,
Deputy Inspector-General, Principal Medical Officer.
Head Quarters, Graham's Town, Cape of Good Hope,
April 26th, 1870.

Dr. Robert Lee.—We regret that we cannot open our columns to a well-worn controversy now thirty years old. The forthcoming work will be noticed in our reviewing columns in the ordinary way.

SICK CLUB FOR PROFESSIONAL MEN.

To the Editor of THE LANCET.

SIR,—I am happy to tell "Subscriber" that the idea of a Sick Club has not been abandoned. A Company has been formed for the purpose, and registered, called "The Lion Insurance Company, Limited," with a capital of £10,000, in 10,000 shares of £1 each. The Company has not yet commenced business, as some London Directors are required. The solicitors are Messrs. Paddison and Son, 57, Lincoln's-inn-fields, from whom any information as to the Company may be obtained. I may mention that the share qualification for a Director is 100 shares, part paid up.

I have reason to believe that the Company will be a success, if I may judge by the very large number of letters I have received on the subject. A prospectus will shortly be issued. I shall be happy to answer further queries.

Your obedient servant,
E. B. BOGG, M.D.,
Medical Officer to the Company.
R.U.S. Inst., Whitehall-yard, July, 1870.

Philanthropist.—The gift of two pounds by the medical adviser of the Railway Company two days after the accident cannot be regarded as any settlement of the claim. This point has been decided again and again; and only last week, in a case against the South-Eastern Railway, the Lord Chief Justice remarked strongly on the unfairness of premature settlements of this kind. We are decidedly of opinion that no medical man should lend himself in any way to arrange settlements; his duty is only to advise as to the amount of injury received.

THE LOCAL APPLICATION OF SULPHURIC ACID IN THE TREATMENT OF CARIOUS AND NECROSED BONE.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to a communication by Mr. George Pollock, Surgeon to St. George's Hospital, which appeared in your impression of May 28th, upon the above subject.

In this paper my treatment of diseased bones has been alluded to; but I have been called "Dr. Fitzgerald," and am described as having advocated the use of the potassa fusa—a caustic which I have written against, objecting to it on account of its being so deliquescent.

The caustic which I have recommended, and which I have used for so many years with such success, is the potassa cum calce. I have had it made in longer and thicker sticks than as usually supplied to the profession, and I employ it not only in the advanced stages of carious and necrosed bone, so well described by Mr. Pollock, but for the still more important purpose of cutting short the first stage of disease in bone, or that of acute osteitis.

No good surgeon hesitates to cut down and divide fascia, sheath of tendon, or periosteum wherever there is acute pain and deep-seated inflammation; but inflammation of the interior structure of a bone is, in general, allowed to go on for months or years until softening of its structure, abscess, and the other well-known disastrous effects are produced.

For several years I have promptly interfered in all such cases by cutting down and inserting a caustic tunnel into the spongy tissue of the distended and inflamed bone. In operating I use the knife and a pointed piece of the caustic alternately, first cutting, but not deeply, then using the caustic with some pressure or force, and so alternately until the bone is reached, when a trocar, auger, gimlet, or drill is used to penetrate through the compact tissue; the caustic is then again introduced to the bottom of the opening made into the cancellous structure. Prompt relief follows, and a thin, reddish serum continues to flow from the opening until a healthy suppuration takes place.

In this manner I have perforated the great trochanter in 13 cases of morbus coxæ; 3 of the patients are at present to be seen in the hospital of the North Dublin Union, and the others were exhibited to one or more of the hospital surgeons of Dublin.

This system of bloodless surgery by the alternate use of the knife and the potassa cum calce I have found of the greatest advantage for getting through the thickened and vascular structures over necrosed and carious bone, in dividing the contracting bands resulting from deep burns, also for the destruction of epithelial cancer and other morbid growths.

As considerable pain is produced, chloroform should always be used, except in the case of the smaller articulations, when the ether spray may be substituted.

Your obedient servant,
Dublin, July 4th, 1870. FERDK. KIRKPATRICK.

To the Editor of THE LANCET.

SIR,—Mr. Pollock's original and ingenious paper in your issue of May 28th, on sulphuric acid as a prompt destroyer and safe remover of carious bone, struck me as replete with suggestion, not only to the surgeon, but to the physician. It seemed an obvious inference that that which will dissolve, disintegrate, and separate dead bone, will be equally potent to deal with dead adventitious tissue or false membrane—say that of diphtheria. If it be simple, and safe, and antiseptic, and comparatively painless in the one case, it will be so in the other. Moreover, if it did not destroy more and deeper than was intended; if it was not a noxious irritant of the surrounding structures; if, on the contrary, it stimulated them to healthy action, changing inflammation from the languid, deadly, dusky hue to the "laudable" florid blush,—then it was just the thing desired in medicine as well as in surgery. The question was to test the merits of sulphuric acid and water (equal parts), compared with a concentrated solution of nitrate of silver or hydrochloric acid and water (equal parts), as first recommended, I think, by Sir William Jenner for attacking the false membrane of diphtheria. As good luck would have it, I had only to wait a few days for a fitting case for the trial.

I was sent for to a man, a steady, well-to-do tradesman, aged sixty, who had been a fortnight under the treatment of a herbalist. There was acute bronchitis, complicating diphtheria; pulse 120, weak and intermitting; respirations 30; temperature of mouth 101°. The tongue, tonsils, and pharynx were thickly coated with the characteristic tenacious, pulpy pellicle—the soft fur or leather coat. The isthmus faucium was nearly blocked up, and apparently about to close for ever the *fauces vitæ*. I got two small sponge-mops firmly secured to sticks, and after a few vigorous applications of the sulphuric acid with half water, succeeded in clearing off the whole obstruction. The dissolved membrane came away bodily by gargling and rinsing the mouth. The pain did not last long, and the mucous membrane was not excoriated, only heightened in colour. The relief to the breathing, to the fetor, and to all the symptoms was speedy. Next day there was a slight fresh exudation, which an application of the acid at once removed. Convalescence was prompt, and the man was up in a few days, and down-stairs in his parlour.

Of course, no conclusion can be drawn from an isolated case like this, but to persevere in the experiment. "One swallow does not make a summer;" others will take up the question doubtless. The apparent superiority of the sulphuric to the hydrochloric acid or the nitrate of silver is in the absence of the discoloration, lasting a day or two, produced by the two latter, which may imply, perhaps, an overdoing of the effect intended—a too profound modification of the affected tissues, that might merge in some cases into new morbid action. The nitrate of silver also is very far from making the clean sweep of the "wash-leather," that the sulphuric acid does.

Your obedient servant,
Sheffield, June, 1870. JOHN BALDERSTON, M.A., M.D.

Enquirer, (Rotherham.)—There is no law of any kind about colliery appointments. They are private contracts; but they involve the performance of duties which would require the holder to be registered.

Sincerus is thanked; but we cannot open a theological discussion in our columns.

D. H. B., (Gracechurch-street.)—An operation for varicocele has been described and practised by Mr. Henry Lee. It is doubtful whether the affection would be attended with the results named by our correspondent.

QUACK ADVERTISEMENTS.

To the Editor of THE LANCET.

SIR,—I have read with entire concurrence, as I am sure must have been very generally done, your remarks on the above subject in your impression of June 18th. I am persuaded that the extent to which functional disease of the generative system worries young men is not fully appreciated by the profession; and if venereal diseases have been rescued from the quacks, I agree with you in seeing no reason why the same could not be accomplished in the case of spermatorrhœa, real or imaginery. You will correct me if I am wrong in assuming that of the number of young men who address you regarding bodily disease, nine-tenths do so for spermatorrhœa. Nor can an prise be felt, while such a lukewarmness exists among the profession with respect to this subject, while the most unscrupulous of the provincial papers open their columns to the filthy advertisements referred to by your correspondent, that so many young men get entangled in the skilfully wrought meshes of the charlatan. Either spermatorrhœa is or is not a disease. If a disease, it cannot be beyond the pale of legitimate practice any more than gonorrhœa or syphilis; if not, the delusion cannot be too soon exploded. While I believe that the importance of the subject has been much exaggerated, there is no doubt in my mind as to the injurious effects of an excessive seminal drain and its attendant complications. Believing, then, that there is such a disease as spermatorrhœa, and one as amenable to treatment as, or perhaps more so than, functional disorders of other organs, I hold with you that the happiness of youth and the interests of society demand from the profession a less reserved acknowledgment of it. An incalculable amount of good might result, I think, if lecturers on medicine or surgery would devote but *one* lecture of their course to this subject—one on which the future practitioner is so certain to be consulted in the course of his practice. The same may be said of the occasional appearance of a judicious article on the subject in your journal. I have been a faithful reader of THE LANCET for eight years at least, and during that time I have not seen a paper on the subject in its pages. Let it be openly avowed that no disease is beneath the solicitude of the practitioner—let us not fail "to satisfy the expectations of the public," and then quackery will inevitably die, and imposition become extinct. This subject is one of vital importance, and the suggestion of "A Countryman" is a good one. The influence of a respected medical man in a family circle is great, and it cannot be used to a better purpose than the exclusion of newspapers which prostitute a powerful influence to co-operation with charlatanism. Provincial newspapers are clearly the greatest offenders against public morality in this respect. By excluding such advertisements, these and all other papers will deserve well of the public; and their influence, instead of being diminished, will be augmented in the eyes of all intelligent people.—Yours, &c.,

June, 1870. D. C. B.

Inquirer.—We are not aware that the gentleman ever signs himself "Dr."; but he is M.D. of Brooklyn University, America, L.R.C.P. Edin., and M.R.C.S. Lond.

J. R. W. (Glasgow) does not convince us that the appointment is a good one.

An Anxious Mother might try Worthing, the Welsh coast, or the north coast of Devon.

Dr. David Leslie (Batterseа-park) is thanked for his communication, which arrived too late for insertion this week.

LOW INTERMITTENT FEVER.

To the Editor of THE LANCET.

SIR,—Perhaps the following brief sketch of an epidemic, low intermittent fever, now existing in my district—namely, between Faversham and Sittingbourne on the one hand, and the Swale and the parishes of Stalisfield and Lenham on the other,—may be interesting to your readers.

The epidemic commenced about the middle of May, and has increased in severity until now. The symptoms are as follows:—In very old people and in infants it is usually ushered in by strong convulsive fits, followed by cold chills and fever, which succeed one another in varying severity for from three days to a fortnight, accompanied by a severe headache and great prostration. In adults it usually commences with severe catarrhal symptoms, which are succeeded after about two days by severe shiverings, followed by fever. This is followed usually by a night of delirium, varying in intensity, the patient waking in the morning in a bath of perspiration, utterly prostrated, and with a severe, splitting brow-headache. In the afternoons of the following days the attack of the previous day is usually repeated for the space of from three to ten days. The tongue is very much coated, and the bowels act with difficulty, even with large doses of purgatives; the appetite is quite gone.

Treatment.—I first tried quinine and arsenic, combined with a purgative, which I did not find efficacious even in excessive doses. Next I tried decoction of chinchona; but finally I had recourse to chinchonine, which in my hands I found the most successful remedy of all, the attacks being of much shorter duration after administering this drug, even cutting them short altogether.

I have had over 400 cases of this disease. It is, as one would naturally suppose, much more persistent in the marshy districts than in the hilly parts, though quite as virulent in the latter. I have found twenty grains of hydrate of chloral dissolved in mist. chlor., quiet the delirium, and produce a refreshing night's rest. The mist. chlor. I prepare with one part of oil of lemon with seven parts of chloroform, and put a drachm of this to half a gallon of water. This is a very nice vehicle for most drugs.

Your obedient servant,

Bruson, Teynham, Kent, June 10th, 1870. G. F. PRITCHARD.

F. C., (Iver, Bucks.)—We are unable to express any opinion about the advertising firm of dentists in question. Let our correspondent consult some medical man on the subject of her communication.

ANOTHER CASE OF SUDDEN DEATH FROM HÆMORRHAGE AFTER SCARLATINA.

To the Editor of THE LANCET.

SIR,—In your journal of May 21st, a case of sudden death from hæmorrhage after scarlatina is reported by Dr. Lovegrove, which he, very rightly I think, considers a very uncommon one; but having recently met with a case much resembling Dr. Lovegrove's, I think it may be interesting to some of your readers if I send you a brief account of it for insertion in THE LANCET.

F. T——, a healthy-looking boy, aged twelve years, was attacked with scarlatina on the 8th of May. The case soon assumed a serious character, presenting most of the symptoms which usually accompany a severe form of scarlatina anginosa. On the 18th there was a decided improvement in the patient; this increased steadily up to the 23rd. On the morning of that day he was so much better that I confidently anticipated his recovery; the symptoms, with the exception of extreme deafness, being in every respect apparently most satisfactory. The patient swallowed without any difficulty, and there was now no evidence of anything wrong about his throat. About 11 P.M. of the 23rd, I was suddenly summoned to my patient, and on my arrival found him dead. Whilst sitting on the night-stool, blood had suddenly gushed from his mouth and nose in large quantities, and he died in less than a minute.

I ought, perhaps, to mention that during the greater part of this patient's illness there was a very copious discharge of dark-coloured serum from his ears, the quantity being much greater than I remember to have seen in any previous case. This discharge had nearly ceased at the time of his death.

Yours truly,

Lymington, June, 1870. EDWARD CHINERY, M.D.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Brady; Mr. Robinson; Mr. Dougall; Mr. Lilwall; Mr. Wright; Mr. Harris, Wimbledon; Mr. Watkins; Mr. Miller; Mr. Raven; Dr. Matty, Wakefield; Mr. Neville; Mr. Cleaver, Brighton; Mr. Henley; Mr. Chambers; Dr. Robinson, Halesworth; Mr. Kirkpatrick, Dublin; Mr. Park, Sheerness; Mr. Bird; Miss Emily Faithfull; Mr. Kean, Dudley; Mr. Edwards; Mr. Owen; Mr. Kemm; Mr. Bell; Mr. Rogerson; Dr. Waters, Chester; Dr. Sutherland, Castlestown; Mr. Hickson; Mr. T. P. Teale; Mr. Andrews, Farnham; Mr. Pearse; Mr. Rogers; Mr. Etheridge; Mr. Charles, Huntingdon; Mr. Orton; Mr. Madeley; Mr. Fisher; Mr. Fletcher; Mr. Perry; Mr. Wade; Mr. R. Davers; Mr. Wright; Mr. R. Walker, St. Andrews; Dr. Johnston; Mr. Stanfield; Mr. Kesteven; Mr. Nicholls; Mr. Bernard, Bristol; Mr. Woodfield; Mr. Fox; Mr. Hunt; Mr. A. Smith; Mr. R. Gray; Dr. MacWatt, Dunse; Mr. Wainefleet, Leeds; Mr. Grant; Mr. W. Teale; Mr. Appleyard, Chichester; Dr. Dewar, Great Wakering; Mr. Moriston, Pembroke; Mr. Lowther, Midhurst; Mr. Norris; Mr. Hill; Mr. Brown; Mr. Earp, Ipswich; Dr. R. Lee; Mr. Munyard; Dr. Davidson, Sandgate; Dr. Bradbury, Cambridge; Mr. T. Holmes; Mr. Kelsey; Mr. Duncan; Mr. G. B. Lee, Winchester; Mr. Powell; Mr. Burteushaw, Stockton; Mr. Rees; Mr. Cole; Mr. Harper; Dr. Dudfield; Dr. Bogg; Mr Keying; Dr. Woodward, Worcester; Mr. Armstrong, Reading; Mrs. Carr, Iver; Mr. Elton; Dr. Corner; Dr. Felce; Mr. Barns; Dr. Marshall; Dr. Nicholls, Chelmsford; Mr. Rice, Manchester; Mr. Sleman, Tavistock; Mr. Harper; Mr. Mackaye; Mr. Starr; Dr. Birt, Burntwood; Mr. Balmanno Squire; Dr. Leslie; Mr. Davidson; M.D., M.R.C.S.L.; A Bath Surgeon; M. A. B.; Spes; Medicus, Chester; L.R.C.P., Glasgow; M. W.; B. A.; Sincerus; Celsus, Burnley; M.D., Ashford; Philanthropist; M.B.; Agricola; Q.; L. G. P.; An Anxious Mother; H. H. P.; X. Y. Z.; Medicus, Barnsley; An Indian Surgeon not quite Fifty; J. T. M., F.R.C.P.; Omega; &c. &c.

Glasgow Herald, Edinburgh Evening Courant, Parochial Critic, Scotsman, Weymouth Guardian, Bath Express, Indian Medical Gazette, Gateshead Observer, Inverness Courier, Food Journal, Archives de Physiologie, Annan Observer, Redcar Gazette, Southern Times, Oldham Chronicle, Cambridge Independent Press, North Wales Chronicle, Weekly Despatch, Archives Générales de Médecine, Brighton Observer, Tavistock Gazette, Journal of Medical Science, Animal World, Englishwoman's Review, Echo, and *Brighton Gazette* have been received.

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